



Our Casas Resident Council, Inc.

2300 W. Commerce St. Ste. #218

San Antonio, Texas 78207

Phone: (210) 354-2400 Fax: (210) 354-2402 Email: ourcasas@stic.net

DOCUMENTS NEEDED FOR FINANCIAL **CABILITIES**

1. 60-day current verification of income from all household members, including:

- Check Stubs
- Social Security
- SSI Award Letters
- Child Support
- Spousal Support Benefit Letters
- TANF or Food Stamps

2. A List of All Itemized Monthly Expenses (4th page of package)

3. 2 Months of Bank Statements with all pages (even if blank)

4. Last Year's Tax Return

5. License or ID

Our Casas Resident Council Sign-In Sheet

Date	Time In	Time Out	Notes





Initial Client Intake Application For Our Casas Resident Council, Inc.

Intake Form

 Attended Workshop ☐ Yes ☐ No

Information	Client A	Client B
Name:		
Address:		
City, State, Zip		
HOME Phone		
Cell Phone #		
Birth Date	Age: _____	Age: _____
Social Security		
Email		
US Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally	Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorce <input type="checkbox"/> Separated <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widow <input type="checkbox"/>
Demographics	White <input type="checkbox"/> Black African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islands <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska <input type="checkbox"/>	White <input type="checkbox"/> Black African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islands <input type="checkbox"/> Asian <input type="checkbox"/> Native American Alaska <input type="checkbox"/>
Language	English <input type="checkbox"/> Spanish <input type="checkbox"/>	English <input type="checkbox"/> Spanish <input type="checkbox"/>
Education	High School <input type="checkbox"/> College <input type="checkbox"/> Primary <input type="checkbox"/> GED <input type="checkbox"/> Vocational <input type="checkbox"/> None <input type="checkbox"/>	College <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Primary <input type="checkbox"/> None <input type="checkbox"/> Vocational <input type="checkbox"/>
Employer		
Position		
Starting Date		
Years Working		

Emergency Contact: _____ Phone: _____ Relationship: _____

Property Information:

Rent \$ _____	How Long _____ yrs _____ months	Delinquent Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No		Months Delinquent: _____
Mortgage: \$ _____	Bought Home Date ____/____/____	First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/>
Mortgage Company: _____		Delinquent: Yes <input type="checkbox"/> No <input type="checkbox"/> Months Delinq _____
Interest Rate: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable	Taxes and Ins Included: Yes <input type="checkbox"/> No <input type="checkbox"/> Delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Income Information:

Total Annual Household Income: \$ _____		Total Number of people in the Household: _____			
Household Income Name:	Age/Sex	Relationship	Type of Income Received	Monthly Amt.	Perm. Disabled
		MY SELF			Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

How did you hear about our services?	<input type="checkbox"/> Agency <input type="checkbox"/> Realtor <input type="checkbox"/> Bank <input type="checkbox"/> Friend/Family
Service Requested:	<input type="checkbox"/> PrePurchase <input type="checkbox"/> Foreclosure <input type="checkbox"/> Post Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Other: _____

 Signature: _____
 Date: _____

 Signature: _____
 Date: _____

Funding Source: __ HUD __ COSA __ CRA

Client's Signature: _____		Date: _____	
Client's Signature: _____		Date: _____	
Monthly Expenses		Loan #: _____	
Client's Name: _____			
Address: _____			
Mortgage	\$	\$	Housing Information:
2nd Mort/HELOC	\$	\$	Rent <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/>
Property Taxes	\$	\$	Single <input type="checkbox"/> Row <input type="checkbox"/> Twin <input type="checkbox"/> Appt <input type="checkbox"/> Duplex <input type="checkbox"/>
Insurance	\$	\$	
Condo Fees	\$	\$	Live in the Home?
SUB TOTAL	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/> Household # _____
Electric	\$	\$	
Gas/Oil	\$	\$	Loan Information:
Water/Sewer	\$	\$	Lender: _____
Telephone	\$	\$	Purch. Date: _____ Conv <input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/>
Cell Phone	\$	\$	Interest _____ Fixed <input type="checkbox"/> Arm <input type="checkbox"/>
Cable/Internet	\$	\$	Value _____ Months Behind: _____
Home Maint.	\$	\$	
Lawn/Alarm Sys.	\$	\$	
SUB TOTAL	\$	\$	Amount Behind \$ _____
Food Groceries	\$	\$	Remaining Balance \$ _____
Sch/Work Lunch	\$	\$	New Principal \$ _____
Dinning Out	\$	\$	
Personal Items	\$	\$	ASSETS:
Cleaning Supply	\$	\$	Savings Balance: \$ _____
Pet Food/Care	\$	\$	Checking Balance: \$ _____
SUB TOTAL	\$	\$	(1) Car Information
Gasoline	\$	\$	Year: _____ Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Car Insurance	\$	\$	Model: _____
Auto/Tag Inspec.	\$	\$	Balance: \$ _____ Value: \$ _____
Public Transp.	\$	\$	(2) Car Information
Parking Tolls	\$	\$	Year: _____ Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
SUB TOTAL	\$	\$	Model: _____
Clothing	\$	\$	Balance: \$ _____ Value: \$ _____
Dependent Care	\$	\$	
Day Care/BabySit	\$	\$	INCOME:
Diapers/Formula	\$	\$	
Child S/Alimoni	\$	\$	
SUB TOTAL	\$	\$	
Rental Insurance	\$	\$	
Life Insurance	\$	\$	
Health Insurance	\$	\$	
CoPays/ Dr Visits	\$	\$	
Medical Bills	\$	\$	
SUB TOTAL	\$	\$	
Hair Cuts/Barbar	\$	\$	
Religious	\$	\$	
Entertainment	\$	\$	
Cigar/Alcohol	\$	\$	
Union Dues	\$	\$	
Tuition/Books	\$	\$	
SUB TOTAL	\$	\$	
Car Payments	\$	\$	
Credit Cards	\$	\$	
Student Loans	\$	\$	
IRS Payments	\$	\$	
Per/Other Loans	\$	\$	
SUB TOTAL	\$	\$	
Total Expenses	\$	\$	
NET INCOME	\$	\$	
SUR PLUS	\$	\$	

		GROSS		NET	
Paystubs	\$	\$		\$	
SSI	\$	\$		\$	
SSA	\$	\$		\$	
Welfare	\$	\$		\$	
Food Stamps	\$	\$		\$	
Rent	\$	\$		\$	
Child Support	\$	\$		\$	
Alimony	\$	\$		\$	
Self Emp.	\$	\$		\$	
TOTAL	\$	\$		\$	
DTI	#DIV/0!				
FR 31%		\$			PITI
BR 45%	\$	\$			PITI

To Solve For P&I	
Interest Rate:	0.00%
Term (in years):	0
Remaining Balance:	\$0.00
P&I:	Monthly Pmt
Re-type P&I:	
Escrow:	
NEW PITI	\$

Agency: _____	Phone: _____
Counselor: _____	Ext: _____

Authorization Form

1. I understand that Our Casas Resident Council 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 Our Casas Resident Council submits client-level information 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 Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with the next three years for the purposes of program evaluation.
5. I acknowledge that I have received a copy of: Our Casas Resident Council'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.

Privacy Policy

Our Casas Resident Council 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 "non public 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. We may also use anonymous aggregated case file information for the purpose of evaluating our service, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications 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 balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history

You may opt-out of certain disclosures

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your file.

Release of your information to third parties

- 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 creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/coaching you, or is a requirement of grant awards which make our services possible.
- 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).
- 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 procedures safeguards that comply with federal regulations to guard your nonpublic personal information.

Client's signature _____

Date: _____

Project Reinvest: Financial Capability Action Plan Template

Client Name:
 Session 1 Date:
 Session 2 Date:

Counselor Name:
 Agency Name:
 Mode of Counseling:
 Client ID:

Client File
Item

*Has Client completed Financial
Well-Being Measurement
Questionnaire? REQUIRED for
initial Tier1A and Tier 1B sessions.*

Please provide additional narrative and action steps in the spaces provided below as needed.		
	Goals in Tier 1A Updated Action Plans	Goals in tier 1B Updated Action Plans (ONLY if client adds new goals when action plan is updated in Tier 1B; do not double-count goals already reflected on the Tier 1A plan and listed in the previous column)
SAVINGS		
Savings-General/Emergency 1		
Savings-Asset Purchase 2		
Savings-Other/Not listed above 3		
CREDIT AND DEBT		
Credit Building-Establishing Credit 4		
Credit Building-Credit Improvement 5		
Debt Management 6		
HOUSING		
Homeownership		
Rental housing attainment or improvement 7		
Housing instability Mitigation-owner and renter 8		
Housing - Other		
GENERAL FINANCIAL MANAGEMENT/FINANCIAL		
Budgeting/Improved Personal Financial Management 9		
Accessing New Financial Product(s) 10		
Accessing Improved Financial Product(s) 11		
RETIREMENT 12		
OTHER NOT LISTED ABOVE		

Client's Goals/ New Goals:

Results of Financial Assessment:

Client's Progress on Initial Goals:

Action Action Steps and Timeline			
	Specific Action Step	Referrals (if necessary)	Timeframe
1			
2			
3			
4			
1			
2			
3			
4			

Client's Signature

Date

Client's Signature

Date



Our Casas Resident Council

ACTION PLAN



This housing counseling action plan is an agreement between the client and housing counselor to work together towards resolving A housing issue and/or a housing goal.

I (we) _____ the client(s) agree to:

Attend an appointment on: ____/____/____ at: ____:____ am pm

For: ☐ Follow up ☐ Missing Documentation ☐ Contact Lender/Realtor/City/Person/Attorney
☐ Complete financial package to be submitted. ☐ Other: _____

Missing Documentation:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

ACTION:

- ☐ Follow up on your action plan and BUDGET prepared today.
☐ Begin or continue paying your bills on time.
☐ MAKE AN APPOINTMENT IF YOU: receive any documentation in the mail (No dropping documents or walk ins).
☐ REFERRED to: _____ (Referral letter attached)
☐ Begin or continue saving for: _____

Increase Income

- ☐ Get a steady primary job ☐ Get a part time jobs) ☐ Rent space in the house ☐ Sell Assets

Lower Expenses:

- ☐ Utilities
☐ Entertainment

OTHER:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

The counselor will take the following steps: Provide housing counseling appropriate to the client's goals and Notify the client of any changes or new information received relating to the case.

- ☐ Waiting for documents or Action ☐ Follow up with you
☐ Mail/Fax your documents to: _____ ☐ Other _____

Important Disclosure:

Client understands that has the freedom to choose: lenders, loan products, homes, realtors, and Home Inspectors. Housing Counselors can give you a list of them but cannot place you to one particular entity.

ALL OUR SERVICES ARE FREE OF CHARGE EXCEPT FOR THE CREDIT REPORT OF: \$15.00 (money order only).

Client

Date

Client

Date

Juan Gutierrez
Counselor

Date



Agency Name: Our Casas Resident Council

CFPB FINANCIAL WELL-BEING SCALE

Questionnaire

Part 1: How well does this statements 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 occasion would put a strin 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

U.S. Department of
Housing and Urban
Development
Federal Housing Administration (FHA)



OMB Approval No: 2502-0538 (exp. 04/30/2018)

For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- Evaluate the physical condition: structure, construction, and mechanical systems; Identify items that need to be repaired or replaced; and
- Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection.

Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Radon Gas Testing and other safety/health issues

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Ask your home inspector about additional health and safety tests that may be relevant for your home.

Be an Informed Buyer

It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.



HUD-92564-CN (6/14)



CAUTION

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Signature: _____

Date: _____

HUD-92564-CN (6/14)



CAUTION

CAUTION

CAUTION



HUD.GOV

Home / Program Offices / Office of Lead Hazard Control and Healthy Homes / Enforcement / The Lead Disclosure Rule

THE LEAD DISCLOSURE RULE

Congress passed the Residential Lead-Based Paint Hazard Reduction Act of 1992, also known as Title X, to protect families from exposure to lead from paint, dust, and soil. Section 1018 of this law directed HUD and EPA to require the disclosure of known information on lead-based paint and lead-based paint hazards before the sale or lease of most housing built before 1978.

What is Required?

Before ratification of a contract for housing sale or lease, sellers and landlords must:

- Give an EPA-approved information pamphlet on identifying and controlling lead-based paint hazards ("Protect Your Family From Lead In Your Home" pamphlet, currently available in English, Spanish, Vietnamese, Russian, Arabic, Somali).
- Disclose any known information concerning lead-based paint or lead-based paint hazards. The seller or landlord must also disclose information such as the location of the lead-based paint and/or lead-based paint hazards, and the condition of the painted surfaces.
- Provide any records and reports on lead-based paint and/or lead-based paint hazards which are available to the seller or landlord (for multi-unit buildings, this requirement includes records and reports concerning



Related Information

"Protect Your Family from Lead in Your Home" pamphlet

In English

In Spanish

In Vietnamese

In Russian

In Arabic

In Somali

Don't see what you need?

Sample Lead Disclosure Rule Documents

Sale: English; Spanish

Rental: English; Spanish

HUD Resources

common areas and other units, when such information was obtained as a result of a building-wide evaluation).

- Include an attachment to the contract or lease (or language inserted in the lease itself) which includes a Lead Warning Statement and confirms that the seller or landlord has complied with all notification requirements. This attachment is to be provided in the same language used in the rest of the contract. Sellers or landlords, and agents, as well as homebuyers or tenants, must sign and date the attachment.
- Sellers must provide homebuyers a 10-day period to conduct a paint inspection or risk assessment for lead-based paint or lead-based paint hazards. Parties may mutually agree, in writing, to lengthen or shorten the time period for inspection. Homebuyers may waive this inspection opportunity.

Types of Housing Covered?

Most private housing, public housing, Federally owned housing, and housing receiving Federal assistance are affected by this rule.

Effective Dates

The regulations became effective on September 6, 1996 for transactions involving owners of more than 4 residential dwellings and on December 6, 1996 for transactions involving owners of 1 to 4 residential dwellings.

Recordkeeping

Sellers and lessors must retain a copy of the disclosures for no less than three years from the date of sale or the date the leasing period begins.

What Can You Do?

If you did not receive the Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards form when you bought or leased pre-1978 housing, contact **1-800-424-LEAD** (5323).

Lead Based Paint
Disclosure Rule

Rule Interpretive
Guidances

Part I, August 21,
1996

Part II, December
5, 1996

Part III, August 2,
2000

Lead Safe Housing
Rule Fact Sheet

Fair Housing and
Lead-based Paint

Fair Housing (FHEO)
Website

Helpful Tools

Updated PIH
Guidance on the
Lead-Safe Housing
Rule and Lead
Disclosure Rule for
Field Office Staff,
Public Housing
Agencies, and
Property Owners