

**Intake Assessment Form  
COVID-19 RESPONSE**

Completion of this form is required for clients in all programs. Required data is in bold with an asterisk (\*).  
**Please print legibly in blue or black ink only. All signatures must be in blue or black ink.**

**Client Information**

Today's Date: \_\_\_\_\_ Close Date: \_\_\_\_\_ Case Number \_\_\_\_\_

**FOR PROGRAM USE ONLY:** This section is completed by the interviewer during an initial conference with the client.

1. Has your job been impacted by COVID-19? (Ex. Furloughed, lost or reduced income)	
2. When did the impact occur?	
3. Are you seeking rent and/or utility assistance?	
<b>*Client Signature (Ink):</b>	<b>*Date (Ink):</b>
<b>*Interviewer's Signature (Ink):</b>	<b>*Date (Ink):</b>
<b>Please note:</b> Counselors should conference with the client at least once per month. Conference notes must be maintained either in hard copy format in the client permanent record.	

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
Month / day / year

\*Name: \_\_\_\_\_  
Last First Middle/Former Name Suffix

\*Address: \_\_\_\_\_  
\*Street Address/ Apartment Number / PO Box \*City \*State \*Zip

\*County of residence: \_\_\_\_\_ \* Email Address: \_\_\_\_\_ \*Phone: (\_\_\_\_\_) \_\_\_\_\_

Please check the box that applies to your living status:  Owner  Tenant  Homeless

Name of Mortgage Company/Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

\*Total Number in Household: \_\_\_\_\_ \* Please List everyone living in the household below:

Name	Age	DOB	Sex	SSN	Relationship

\*Employer \_\_\_\_\_ \* Net Monthly Income \_\_\_\_\_ \* Gross Monthly Income \_\_\_\_\_

\*Additional Income:  SSI  Child Support  Retirement \*Amount \_\_\_\_\_ \*Annual Income \_\_\_\_\_

Please check the boxes that applies to you:

\*  No, not Hispanic/Latino  Yes, Hispanic/Latino \*Gender:  Male  Female

\*Race:  American Indian or Alaska Native \*Marital Status:  Single  Widow  Married  Divorced  
 (Select one or more)  Asian  
 Black or African-American  
 Native Hawaiian or Other Pacific Islander  
 White

\*Highest Degree or Level of School Completed:

No Schooling  9<sup>th</sup> – 12<sup>th</sup> grade  GED  Bachelor's degree  Doctorate or Professional degree  
 1<sup>st</sup> - 5<sup>th</sup> grade  High School  No Diploma  Master's degree  
 6<sup>th</sup> - 8<sup>th</sup> grade  Diploma  Some College

How did you hear about the program?  Print Media  Friend  TV  Radio  Referral  Internet  Family  
 Previous Enrollment  Previous Enrollment in another program: If so, which one? \_\_\_\_\_

\*Client Signature (Ink): \_\_\_\_\_ \*Date (Ink): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
Last First Middle/Former Name

Phone 1: (\_\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**CLIENT STATUS and SPECIAL POPULATIONS**

\*Labor Force Status:  Employed  
 (select one)  Unemployed and looking for work  
 Not working and not looking for work (e.g. homemaker, retiree, student, etc.)

\*Receiving Public Assistance (TANF, Food Stamps):  Yes  No \*If yes, Amount \$ \_\_\_\_\_

\*Special Populations:  Low Income  Displaced Homemaker  Single Parent  Dislocated Worker  
 (check all that apply)  Learning Disabled Adult  Physically Disabled Adult  None of the above

Language spoken at home: \_\_\_\_\_ Home Country: \_\_\_\_\_

## CLIENT GOALS

What do you want to achieve by?

- Home Purchase
- Loan Modification
- Credit Repair
- Financial Literacy
- Homeless Prevention/  
Rapid Re-Housing

Improve Basic Literacy Skills:

- Reading
- Math
- Writing
- Science

- Get a job
- Keep my job
- Get a better job
- Earn a GED diploma
- Enroll in college
- Enroll in a training program

Please select any other goals you have.

- Achieve work-based project learning goal
- Leave public assistance program
- Increase involvement in community activities
- Vote or register to vote

Other \_\_\_\_\_

English Literacy/Civics Goals

- Achieve citizenship skills
- Achieve U.S. citizenship

### Special Accommodations Notice

If you have a disability and desire any special accommodation for instruction or testing, it is your responsibility to notify the program administrative office and provide professional documentation of your disability.

### Confidentiality Notice

This adult education program may release your student information for only specific reasons allowed under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), such as program evaluation purposes. If you do not wish this information to be disclosed, please check this box:

\*Client Signature (Ink): \_\_\_\_\_

\*Date (Ink): \_\_\_\_\_

## DISCLOSURE STATEMENT

The **Birmingham Urban League** offers the following services and programs to our clients:

**BW – Financial, Budgeting and Credit Workshop:** Provide information and resources to assist individuals in understanding their finances and credit.

**FBC – Financial Management / Budget Counseling:** The goal is to help clients understand the significance of budgeting and successful money management.

**PPW – Pre-Purchase Homebuyer Workshop:** Provide information and resources to assist individuals in understanding the basic steps of homeownerships, the necessary resources and how to work with key players in the process.

**PPC – Pre-Purchase Counseling:** The goal is to help clients determine if purchasing a home is in their best interest and assist them with the homebuying process and any applicable down payment assistance applications.

**DFC – Mortgage Delinquency and Default Resolution Counseling:** The goal is to help clients determine the loss mitigation options and actions that are in the best interest of the client to avoid foreclosure or transition out of their home smoothly if foreclosure cannot be prevented.

**RHC – Rental Housing Counseling:** The goal is to help residents determine if renting is in their best interest and assist them with circumstances that may impair their ability to maintain safe affordable housing.

**HMC – Services for the Homeless Counseling:** The goal is to provide financial assistance to decrease the chances of homelessness for up to twenty-five (25) eligible households who would otherwise become homeless.

**NDW – Non-Delinquency Post Purchase Counseling:** Provide information and resources to help clients successfully sustain homeownership.

Financial Support for Birmingham Urban League Housing Counselling Program is currently being provided by the following industry partners:

National Urban League, U. S. Department of Housing and Urban Development (HUD), United Way of Central Alabama and State Farm.

1. Notwithstanding any recommendations made by the Birmingham Urban League or its Housing Counselors about products or services, clients are free to choose lenders, loan products and homes or abstain from doing so, and that receiving counseling is not contingent on the use of any product or service offered by the **Birmingham Urban League** or its Industry partners.
2. Birmingham Urban League is not involved in providing real estate and/or mortgage services and no fee or commission is received in addition to the counselor's salary.
3. Clients are not obligated to receive any other services from the **Birmingham Urban League** or its exclusive partners.
4. Clients are entitled to receive any other counseling services listed above.
5. Alternatives services, programs and products may be found by seeking help from another HUD-Approved agency found at <http://hud.gov/offices/hsg/sfh/hcc/hcs.cfm>.

### **Hold Harmless Agreement**

I give the Birmingham Urban League permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the Birmingham Urban League is a non-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against the Birmingham Urban League and its employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION ON REPRESENTATIVE LETTER

**Lender Name:**

**Client Name:**

**Client Address:**

**Client SS#:**

**Loan Number:**

I hereby voluntarily give permission to release to Deborah Spencer, Housing Counselor of the Birmingham Urban League, Inc. a HUD Approved Housing Counseling Agency all information concerning my home mortgage, medical, financial, and personal data and any other materials desires to discover.

I am aware of Privacy Act of 1967, the provisions of which I waive in so far at the authorization for release of information to my above representative is concern. Deborah Spencer is my representative and stands in my shoes in so far as any rights to privacy are concerned. In other words, I do not want any protection any law may give (in terms of confidentiality of records) to be misapplied to a request for same from representative. However, as to all other persons and agencies, I do not expect that any information regarding my case will be release absent my express written permission.

This permission expires twelve (12) months from date of signature.

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Client Signature

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Date

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Client Signature

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Date



**Certification and Credit Report Authorization From**

Name \_\_\_\_\_  
Please Print  
Social Security No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_  
(If Applicable)  
Social Security No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

I/We Hereby authorize the Birmingham Urban League, Inc. and/or its assigned housing counselors to order a consumer credit report on me/us and discuss my/our current situation with the appropriate lenders and other professionals. It is understood that the information on my/our report will be used a necessary to evaluate my/our acceptance into foreclosure prevention program. BUL and its housing counselors may obtain any or all documentation or information that they request for investigation and submission into the programs. No other use of my/our credit information is authorized by me/us.

I understand that the Birmingham Urban League housing counselors provides foreclosure mitigation counseling after which I will receive a written action plan consist of recommendations for handling my finances, possible including referrals to other housing agencies as appropriate.

I understand the BUL receives HUD funds and such, is required to share some of my personal information with HUD program administrators or the agents for purposes of program monitoring, compliance and evaluation. BUL and HUD program administrators my conduct follow-up with me related to program evaluation.

I may be referred to other housing services of the organization or other agencies as appropriate that may be able to assist with the particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

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.

I understand that BUL housing counselors provides information and education on numerous loan products and housing programs and I further understand the housing counseling I receive form BUL counselors is no way obligates me to choose any these particular loan products or housing program.

We may ask you to share your story to educate other, but your willingness to do so is strictly your decision. Are you will share your story? Yes \_\_\_\_\_ No \_\_\_\_\_

By signing below, you acknowledge you have read this disclosure(s).

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## Client/Counselor Agreement

Birmingham Urban League and its housing counselors agree to provide the following services:

1. Confidentiality, honest, respect and professionalism in all services
2. Timely completion of promised action.
3. Explanation of the landlord eviction procedures.
4. Presentation and explanation of reasonable options available to the tenant based on an analysis of the homeowner's financial situation.
5. Guidance in developing a realistic spending plan, based on tenant decisions and choices in spending.
6. Assistance in submitting a repayment plan to the landlord.
7. Assistance in developing a action plan.
8. Identification of assistance resources that may be available to the Tenant.
9. Referrals to needed resources.

I/We \_\_\_\_\_ agree to the following terms of services.

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will respond to any phone calls or email from my/our counselor with 24 hours of delivery of call or email.
3. I/We will provide all necessary documentation and follow-up information within the requested timeframe.
4. I/We will be on time appointments and understand that if we are late for an appointment, the appointment may have to be rescheduled.
5. I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend the appointment.
6. I/We will contact the counselor when the landlord contacts us with questions or a payment arrangement offers.
7. I/We understand that breaking this agreement may cause the counseling organization to sever its counseling service to me/us.

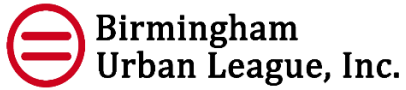
\_\_\_\_\_  
Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Counselor

\_\_\_\_\_  
Date





## Privacy Policy

Birmingham Urban League and its housing counselors are 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, income, living expenses and personal information concerning your financial circumstances, will provided to creditors, program monitors, and other only with your authorization and signature of the Certification and Authorization Agreement. We may also use anonymous aggregated case file information for the purpose of evaluation our services, gather valuable research information and designing future program.

### **Typed of information that we gather about you:**

- Information we receive from your orally, on applications or other forms, such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditor, or others such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from 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 you nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosure.
2. If you choose to **“opt-out”**, we will not be able to answer questions from your creditors, if at any time, you wish to change your decision with regard to your **“opt-out”**, you may call us at (205) 326-0162 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 credits or third parties where we have determined that it would be helpful to you, or requirement of grant awards that make our services possible.
2. We may also disclose any nonpublic personal information about you or former customer 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 regulation to guard your nonpublic personal information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Housing Counselor \_\_\_\_\_ Date \_\_\_\_\_