



A NONPROFIT COMMUNITY SERVICE ORGANIZATION

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MEMBER  
People Who Care

ACCREDITED



*Office hours: Mon- Fri. 8:30AM-5:00PM. Late appointments available upon request*  
**Serving California since 1987**

## Housing Counseling

### Please Bring to Your Appointment:

1. *Application - Complete as much as possible before the appointment.*
2. *Most recent copy of your loan statement, if there are multiple loans, please bring all documents*
3. *2 most recent Bank Statements or Check Stubs*
4. *Information on property taxes and homeowners insurance*

### Housing Counseling Options:

Pre-purchase Housing Counseling  
Post Purchase Housing Counseling  
Rental Assistance  
Loss Mitigation  
Money Debt Management

*As a HUD approved housing counseling agency, we do not charge for housing counseling services in our community. Donations are always appreciated.*

**CONSUMER CREDIT COUNSELING SERVICE OF THE NORTH COAST**

**Housing Counseling**  
**PRIVACY NOTICE**

**PRIVACY POLICY:** Our agency 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 oral and written information shared will be managed within legal and ethical considerations. Your “personal financial information” such as your total debt information, income, living expenses, and personal information concerning your financial circumstances will be provided to creditors and possibly others with your specific authorization.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST** or when our staff has been served with a valid subpoena.

**The following PRIVACY PRACTICES detail circumstances under which we will release your information to a third party:**

1. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions that need this information in order to consider your application for a loan modification.
5. 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.
6. We collect nonpublic personal information about you from the following sources:
  - Information we received from you on our applications or other forms you provide;
  - Information about your transactions with us, your creditors, or others; and
  - Information we receive from a credit reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
  - Information we receive from you on applications or other form, 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.

**RELEASE:** I hereby authorize Consumer Credit Counseling Service of the North Coast to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session. I further **RELEASE** and authorize all of my creditors to provide non-public information about me to Consumer Credit Counseling Service of the North Coast.

|                    |                     |               |
|--------------------|---------------------|---------------|
| _____<br>Signature | _____<br>Print Name | _____<br>Date |
| _____<br>Signature | _____<br>Print Name | _____<br>Date |

**All information held strictly confidential**

Please provide complete information \* use ink and print clearly \* Do not write in shaded areas

Please go to [annualcreditreport.com](http://annualcreditreport.com) and pull a copy of your credit report to bring to your appointment.

| Personal Information   |           |        |              |                        |  |                        |
|------------------------|-----------|--------|--------------|------------------------|--|------------------------|
| Applicant Last Name    | First     | Middle |              | Social Security Number |  | Birth Date<br>/ /      |
| Co-Applicant Last Name | First     | Middle |              | Social Security Number |  | Birth Date<br>/ /      |
| Address                | City      | State  | Zip Code     |                        | # Dependents   | Ages<br>Marital Status |
| Mailing Address        | City      | State  | Zip Code     |                        | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic                      | Race                   |
| Home Phone             | Applicant | Cell   | Co-Applicant | Cell                   | <input type="checkbox"/> Own <input type="checkbox"/> Rent<br><input type="checkbox"/> Other | Education Level        |
| Applicant Employer:    |           |        | Work Phone   |                        | Applicant E-Mail Address   |                        |
| Co-Applicant Employer: |           |        | Work Phone   |                        | Co-Applicant E-Mail Address  |                        |

| Personal Income             |               |                   |                  |                      |                 |
|-----------------------------|---------------|-------------------|------------------|----------------------|-----------------|
|                             | Gross Monthly | Take Home Monthly | Gross Office Use | Take Home Office Use | Counselor Notes |
| <b>Applicant Income</b>     |               |                   |                  |                      |                 |
| Self Employed               |               |                   |                  |                      |                 |
| Social Security/SSI         |               |                   |                  |                      |                 |
| Unemployment                |               |                   |                  |                      |                 |
| Child/Spousal Support       |               |                   |                  |                      |                 |
| Retirement/Pension          |               |                   |                  |                      |                 |
| Rental Income               |               |                   |                  |                      |                 |
| Other (Food stamps, TANF)   |               |                   |                  |                      |                 |
| <b>Co-Applicant Income</b>  |               |                   |                  |                      |                 |
| Self Employed               |               |                   |                  |                      |                 |
| Social Security/SSI         |               |                   |                  |                      |                 |
| Unemployment                |               |                   |                  |                      |                 |
| Child/Spousal Support       |               |                   |                  |                      |                 |
| Retirement/Pension          |               |                   |                  |                      |                 |
| Rental Income               |               |                   |                  |                      |                 |
| Other (Food stamps, TANF)   |               |                   |                  |                      |                 |
| <b>Total Monthly Income</b> |               |                   |                  |                      |                 |

Previous Debt Management Plan?    \_\_\_ Yes    \_\_\_ No    With Whom? \_\_\_\_\_    When? \_\_\_\_\_  
 Do you owe taxes?    \_\_\_ Yes    \_\_\_ No    How Much? \_\_\_\_\_    Years Owing \_\_\_\_\_  
 Ever filed bankruptcy?    \_\_\_ Yes    \_\_\_ No    If yes, year. \_\_\_\_\_    Chapter 7 \_\_\_\_\_    13 \_\_\_\_\_

## Outstanding Debt

List all consumer debt including bank cards, retail charge cards, bank and credit union loans, finance company loans, medical bills, legal bills, collection agency accounts, bad checks, and utility debts in which the accounts have been closed.

DO NOT LIST MORTGAGE AND AUTO LOANS.

| Creditor          | Account Number | Amt Owed        | APR | Monthly Payment |
|-------------------|----------------|-----------------|-----|-----------------|
| 1                 |                |                 |     |                 |
| 2                 |                |                 |     |                 |
| 3                 |                |                 |     |                 |
| 4                 |                |                 |     |                 |
| 5                 |                |                 |     |                 |
| 6                 |                |                 |     |                 |
| 7                 |                |                 |     |                 |
| 8                 |                |                 |     |                 |
| 9                 |                |                 |     |                 |
| 10                |                |                 |     |                 |
| <b>Total</b>      |                |                 |     |                 |
| <b>Total Debt</b> |                | <b>\$ _____</b> |     | <b>\$ _____</b> |

### Liquid Funds/Savings/Investment

Please list the approximate value of the following:

| Applicant                       | Value | Counselor Notes |
|---------------------------------|-------|-----------------|
| Checking Account                |       |                 |
| Savings Account                 |       |                 |
| Cash                            |       |                 |
| CD's                            |       |                 |
| Securities (Stocks, bonds, etc) |       |                 |
| Retirement/other                |       |                 |
|                                 |       |                 |
| Co-Applicant                    | Value | Counselor Notes |
| Checking Account                |       |                 |
| Savings Account                 |       |                 |
| Cash                            |       |                 |
| CD's                            |       |                 |
| Securities (Stocks, bonds, etc) |       |                 |
| Retirement/other                |       |                 |

# MONTHLY LIVING EXPENSES

|   |            | AMOUNT | OFFICE USE ONLY |  |
|---|------------|--------|-----------------|--|
| <b>SHELTER</b>                          |            |        |                 |  |
| Rent/Mortgage                           | Balance \$ | \$     | \$              |  |
| 2nd Mortgage/Equity                     | Balance \$ | \$     | \$              |  |
| Insurance/Property Tax                  |            | \$     | \$              |  |
| Maintenance/Storage                     |            | \$     | \$              |  |
| <b>UTILITIES</b>                        |            |        |                 |  |
| Gas/Electric/Propane/Wood               |            | \$     | \$              |  |
| Telephone/Cell Phone                    |            | \$     | \$              |  |
| Cable/Satellite/Direct TV               |            | \$     | \$              |  |
| Internet                                |            | \$     | \$              |  |
| Water/Sewer                             |            | \$     | \$              |  |
| Garbage/Dump                            |            | \$     | \$              |  |
| <b>FOOD</b>                             |            |        |                 |  |
| Groceries                               |            | \$     | \$              |  |
| Work/School Lunches                     |            | \$     | \$              |  |
| Meals Out                               |            | \$     | \$              |  |
| Household Supplies                      |            | \$     | \$              |  |
| <b>TRANSPORTATION</b>                   |            |        |                 |  |
| Auto Payment                            | Balance \$ | \$     | \$              |  |
| Auto Payment                            | Balance \$ | \$     | \$              |  |
| Insurance/Registration                  |            | \$     | \$              |  |
| Gasoline/Bus                            |            | \$     | \$              |  |
| Repairs                                 |            | \$     | \$              |  |
| <b>MEDICAL</b>                          |            |        |                 |  |
| Health Insurance (not payroll deducted) |            | \$     | \$              |  |
| Doctor                                  |            | \$     | \$              |  |
| Dental/Orthodontist                     |            | \$     | \$              |  |
| Counseling/Chiropractic/Massage         |            | \$     | \$              |  |
| Prescriptions                           |            | \$     | \$              |  |
| Eye Exams/Glasses/Contacts              |            | \$     | \$              |  |
| Life Insurance                          |            | \$     | \$              |  |
| <b>CHILDCARE</b>                        |            |        |                 |  |
| Daycare/Sitting                         |            | \$     | \$              |  |
| Child Support/Alimony                   |            | \$     | \$              |  |
| Allowances                              |            | \$     | \$              |  |
| <b>OUTSTANDING LOANS</b>                |            |        |                 |  |
| Student Loans                           |            | \$     | \$              |  |
| Personal Loans                          |            | \$     | \$              |  |
| Taxes                                   |            | \$     | \$              |  |
| <b>CLOTHING</b>                         |            |        |                 |  |
| Personal/Family                         |            | \$     | \$              |  |
| Laundry/Dry Cleaning                    |            | \$     | \$              |  |
| Diapers/Other                           |            | \$     | \$              |  |
| <b>ENTERTAINMENT</b>                    |            |        |                 |  |
| Videos/Movies/Magazines                 |            | \$     | \$              |  |
| Sports/Hobbies/Gym                      |            | \$     | \$              |  |
| Alcohol/Tobacco                         |            | \$     | \$              |  |
| <b>OTHER</b>                            |            |        |                 |  |
| Tuition/Books/Lessons                   |            | \$     | \$              |  |
| Donations/Professional Dues             |            | \$     | \$              |  |
| Personal Care (Hair, Nails)             |            | \$     | \$              |  |
| Pets                                    |            | \$     | \$              |  |
| Other (specify)                         |            | \$     | \$              |  |
| <b>EMERGENCY SAVINGS</b>                |            | \$     | \$              |  |
| <b>TOTAL LIVING EXPENSES</b>            |            |        |                 |  |

Loan # \_\_\_\_\_

### HOUSING AUTHORIZATION FORM

I \_\_\_\_\_, (Applicant Social Security #) \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_,  
(Co-Applicant) \_\_\_\_\_, (Co-Applicant Social Security #) \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
hereby authorize **Consumer Credit Counseling Service of the North Coast**, a non-profit  
community credit counseling agency to provide counseling, referral and informational services  
on my behalf. This authorization shall be come effective immediately and shall continue in  
effect until revoked by me by providing written notice to **Consumer Credit Counseling Service  
of the North Coast**.

I also hereby certify that the information I have given to **Consumer Credit Counseling  
Service of the North Coast** is true and accurate to the best of my/our knowledge. Furthermore,  
I understand that by giving **Consumer Credit Counseling Service of the North Coast**  
authorization to obtain information, provide services and /or to negotiate on my/our behalf in  
no way guarantees that I/we will receive housing or that any item will be removed from my/  
our credit file nor does it guarantee that my/our foreclosure will be stopped (should that be my  
reason for receiving counseling).

I hereby authorize **Consumer Credit Counseling Service of the North Coast** to contact my  
creditors and/or credit reporting agencies on my/our behalf for the sole purpose of negotiating  
a repayment plan and/or settlement of a debt or to dispute items reflected on my/our credit file  
which are incorrectly reported.

In addition, I/we \_\_\_\_\_ understand that I/we could perform these  
actions on my/our own however, I/we have elected to contract the services of **Consumer Credit  
Counseling Service of the North Coast**.

I understand that **Consumer Credit Counseling Service of the North Coast** is a counseling  
agency which provides assistance to individuals in understanding the Fair Credit Reporting Act  
and to those who are facing foreclosure. **Consumer Credit Counseling Service of the North  
Coast** cannot remove any item from my/our credit file that is true and accurately reported.

I \_\_\_\_\_ authorize **Consumer Credit Counseling Service of the  
North Coast** to:

- (a) pull my credit report for counseling purpose; to review my credit file for information  
accuracy; and to provide the necessary advice regarding my request;
- (b) share my/our overall credit information with \_\_\_\_\_ partners for possible  
consideration;
- (c) obtain a copy of all documentation needed from any company in which I may be doing  
business with to aid **Consumer Credit Counseling Service of the North Coast** in providing  
the counseling requested.

\_\_\_\_\_  
APPLICANT NAME (SIGNATURE)                      Social Security #                      DATE

\_\_\_\_\_  
CO-APPLICANT NAME (SIGNATURE)                      Social Security #                      DATE

\_\_\_\_\_  
PROPERTY ADDRESS

**Mortgage Information Sheet**

**\*Please include a copy of all mortgage or equity loan or line statements\***

**1<sup>st</sup> MORTGAGE COMPANY**

Name: \_\_\_\_\_

Regular Monthly Payment: \_\_\_\_\_ Last date a payment was sent and accepted: \_\_\_\_\_

Total Amount Outstanding: \$ \_\_\_\_\_

Approximate Value of Home: \$ \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Are Taxes and Insurance included in your mortgage payment?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF NO:** Are your Taxes current? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is your Insurance current? \_\_\_\_\_ YES \_\_\_\_\_ NO

**TYPE OF LOAN:** (Please check all that apply)

\_\_\_\_\_ FHA \_\_\_\_\_ VA \_\_\_\_\_ RURAL DEVELOPMENT \_\_\_\_\_ ASSUMED

\_\_\_\_\_ INSURED CONVENTIONAL \_\_\_\_\_ UNINSURED CONVENTIONAL

\_\_\_\_\_ MOBILE HOME LOAN (Age of home: \_\_\_\_\_)

**TERMS OF LOAN:**

\_\_\_\_\_ FIXED RATE \_\_\_\_\_ ADJUSTABLE RATE \_\_\_\_\_ HYBRID (Combination)

\_\_\_\_\_ 30 YEAR MORTGAGE \_\_\_\_\_ 15 YEAR MORTGAGE \_\_\_\_\_ 40 YEAR MORTGAGE

**2<sup>nd</sup> MORTGAGE COMPANY**

Name: \_\_\_\_\_

Regular Monthly Payment: \_\_\_\_\_ Interest Only? \_\_\_\_\_ YES \_\_\_\_\_ NO

Last date a payment was sent and accepted: \_\_\_\_\_ Total amount outstanding: \$ \_\_\_\_\_

**ASSOCIATION DUES OR 3<sup>rd</sup> MORTGAGE**

Name: \_\_\_\_\_

Regular Monthly Payment: \$ \_\_\_\_\_

Last date a payment was sent and accepted: \_\_\_\_\_

Total amount outstanding: \$ \_\_\_\_\_

**Office Use Only: Conventional: 28% \_\_\_\_\_ 36% \_\_\_\_\_ FHA: 29% \_\_\_\_\_ 41% \_\_\_\_\_ VA: 41% \_\_\_\_\_**