



Neighborworks® Homeownership Center  
301 Fair Street, Kingston, NY 12401

# FINANCIAL CAPABILITY INTAKE FORM

Francisca Castellanos, Certified Housing Counselor  
845.331.9860 ext. 226  
Fax 845.331.9864  
fcastellanos@rupco.org

Taryn Schobert, Homeownership Preservation Counselor  
845.331.9860 ext. 235  
Fax 845.331.9864  
tschobert@rupco.org

## Applicant Information

Please Print Clearly

Name: \_\_\_\_\_  
**First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last** \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
\_\_\_\_\_-\_\_\_\_-\_\_\_\_ /\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

### Race (please check):

White  Black or African-American  American Indian  Alaskan Native   
Asian  Native Hawaiian/Other Pacific Islander  American Indian / Alaskan Native and White   
Asian and White  Black/African-American and White  American Indian / Alaskan Native and Black

**Hispanic:** Yes  No  **Marital Status:** Single  Married  Divorced  Separated  Widowed  **Veteran:** Yes  No

**Gender:** Male  Female  **Disabled:** Yes  No

**Highest Level of Education:** Below High School  High School/ GED  2- year College  Bachelor's Degree  Master's Degree  Vocational

Other: \_\_\_\_\_

## Co Applicant Information

Please Print Clearly

Name: \_\_\_\_\_  
**First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last** \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_  
\_\_\_\_\_-\_\_\_\_-\_\_\_\_ /\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

### Race (please check):

White  Black or African-American  American Indian  Alaskan Native   
Asian  Native Hawaiian/Other Pacific Islander  American Indian / Alaskan Native and White   
Asian and White  Black/African-American and White  American Indian / Alaskan Native and Black

**Hispanic:** Yes  No  **Marital Status:** Single  Married  Divorced  Separated  Widowed  **Veteran:** Yes  No

**Gender:** Male  Female  **Disabled:** Yes  No

**Highest Level of Education:** Below High School  High School/ GED  2- year College  Bachelor's Degree  Master's Degree  Vocational

Other: \_\_\_\_\_

## Applicant's Address

Please Print Clearly

\_\_\_\_\_  
**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
\_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_



Strengthening Homes,  
Communities  
and Lives



[www.rupco.org](http://www.rupco.org)

# Living in Household: \_\_\_\_\_ List Household Members (Other than applicants previously listed)

Name	Age	Birth Date	Relationship to applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Referred to RUPCO by (check all that apply):**

- Print Advertisement      Newspaper      Government      Radio      Realtor  
 Staff/Board member      Walk-In      Friend      TV      Bank  
 Other (please specify) \_\_\_\_\_

**Applicant Employment**

**Current Primary Employer:** \_\_\_\_\_

\_\_\_\_\_ Part-Time or Full-Time  
 Title Hire Date  
 Gross Income (before taxes): \$ \_\_\_\_\_ paid Weekly Bi-weekly Twice a month Monthly

**Co Applicant Employment**

**Current Primary Employer:** \_\_\_\_\_

\_\_\_\_\_ Part-Time or Full-Time  
 Title Hire Date  
 Gross Income (before taxes): \$ \_\_\_\_\_ paid Weekly Bi-weekly Twice a month Monthly

**Other Sources of Income for ALL Member of the Household: (list monthly amount)**

Social Security \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Pension/ Retirement \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
 Other Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Other Income Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Annual Family or Household Income:** \$ \_\_\_\_\_ (Total from ALL sources)

**Reason for Seeking Financial Capabilities Coaching (check all that apply)**

- General Education      Specific Goal (Please explain) \_\_\_\_\_  
 Increase Savings      Other (Please explain) \_\_\_\_\_  
 Build, Repair Credit      Other (Please explain) \_\_\_\_\_  
 Budgeting      Other (Please explain) \_\_\_\_\_

There is no fee for Financial Capabilities Coaching, workshops or credit report.

**RUPCO HOMEOWNERSHIP CENTER CLIENT SERVICES FEE SCHEDULE**

HUD requires RUPCO to disclose fees for any services we offer. The fees below may or may not apply to your program.

	Individual \$17	Joint (couple) \$29
Credit Report Fee		
Select One:		
Homebuyer Educational Group Series	\$ 75	
Homebuyer Educational Fast Track (Individual)	\$100	
Homebuyer E-Home America Online Counseling	\$ 99	
Homebuyer Housing Choice Voucher Program Group Series Counseling	No charge	
Homebuyer Landlord Counseling Session	\$125	
Reverse Mortgage Counseling	\$125	
Mortgage Subordination Fee	\$150	
Foreclosure/Default Counseling	No charge	
Financial Capability Program (includes free credit report)	No charge	

According to HUD Housing Counseling Handbook Rev 5 Chapter 6 – "Performance Criteria and Monitoring subsection I – Fee Schedule," agencies must not refuse to provide counseling services if a client cannot afford to pay fees, financial hardship must be demonstrated

## CLIENT DISCLOSURE STATEMENT

RUPCO provides a full continuum of housing services. Services include the development of affordable rental and for sale properties through Real Estate Development; owned and/or managed market rate and subsidized rental housing units through Property Management; technical assistance for municipalities and communities through Community Development, Section 8 Housing Choice Vouchers, Self-Sufficiency and Emergency Assistance Programs through Rental Assistance. The NeighborWorks® Homeownership Center provides first-time homebuyer education and counseling, match savings programs for homeownership, grants for income-eligible applicants, post-purchase counseling including HUD-certified reverse mortgage and foreclosure prevention counseling, housing rehabilitation and accessibility modifications when available, financial literacy and budget and credit counseling. Clients are not obligated to receive, purchase or utilize any other services offered by RUPCO or its partners in order to receive housing counseling services.

### AUTHORIZATION FOR RELEASE OF INFORMATION

#### CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release and verify to RUPCO for the purpose of reviewing my application for services provided by the Homeownership Center. I understand and agree that the information obtained with this authorization may be given to and used by RUPCO in administering and enforcing program rules and policies. I also consent for RUPCO to release information from my file to credit bureaus, banking institutions or other individuals or organizations.

I also give the following permissions for RUPCO as a Local Program Administrator, to provide information regarding purchase price, closing date, lender, name, photos, and homeownership story. This information will be used to promote RUPCO programs on its agency newsletter, websites, housing celebrations, advertising, and other lawful purposes.

#### INFORMATION COVERED

I understand that, depending on RUPCO program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include, but are not limited to:

Identity and Marital Status	Credit and Criminal Activity
Employment Income and Assets	Residences and Rental Activity
Medical or Childcare Allowances	

#### GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups, or individuals, that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (Including Public Housing Agencies)	Past/Present Employers
Welfare Agencies	Courts/Post Offices
State Unemployment Agencies	Schools/Colleges
Social Security Administration	Law Enforcement Agencies
Support/Alimony Providers	Medical/Childcare Providers
Veterans Administration	Retirement Systems
Banks/Financial Institutions	Utility Companies
Credit Providers	Credit Bureaus

\_\_\_\_\_  
Signature  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Co-Applicant

\_\_\_\_\_  
Date

Name:

## Customer Monthly Expense Sheet

List Your MONTHLY Expense for Each Category That Applies To You:		
<b>Rent</b>		
<b>Utilities</b> (average electric & gas)		
<b>Heating Oil/ Propane</b>		
<b>Telephone, Cable TV, Internet</b>		
<b>Cell Phone</b>		
<b>Laundramat &amp; Dry Cleaning</b>		
<b>Food &amp; Groceries</b> (food, paper products, toiletries, cleaning products, alcohol, tobacco)		
<b>Dining Out &amp; Take-out</b> (coffee, restaurant, school lunches, pizza/deli)		
<b>Entertainment</b> (movies, show tickets, sporting events, magazine subscriptions)		
<b>Car payment #1</b>		
<b>Car payment #2</b>		
<b>Auto Fuel</b>		
<b>Car insurance</b>		
<b>Car Maintenance &amp; Repair</b> (estimate annual total and divide by 12)		
<b>Childcare</b> (Day care, Child Support, Children's Allowance)		
<b>Lessons &amp; Tuition</b> (gym memberships, lessons, day camp, school tuition)		
<b>Personal Care</b> (Barber/ Beauty Shop, Manicure)		
<b>Medical/Dental &amp; Prescriptions</b> (co-payments, estimate annual total and divide by 12)		
<b>Pet Care</b> (food, veterinarian, boarding)		
<b>Clothing</b> (estimate annual total and divide by 12)		
<b>Student Loan</b>		
<b>Loan Payment</b>		
<b>Credit Cards #                      Total Balance</b>		
<b>Gifts</b> (birthdays, Holidays, greeting cards, ch. contributions. Estimate total and divide by 12)		
<b>Payment to Savings</b>		
<b>Other</b> (please explain)		
<b>Other</b> (please explain)		
<b>(#1) Total Regular Monthly Expenses</b>		

Participant - Primary NET Monthly Income		
Co-Participant- Primary NET Monthly Income		
Participant Part-Time or Second Job NET Mo. Income if applicable		
Co-Participant Part-Time or Second Job NET Mo. Income if applicable		
Social Security Monthly Income if applicable		
Monthly Child Support if applicable		
Monthly Other Income if applicable		
<b>(#2) Total Monthly Take-Home</b>		
<b>(#1 minus #2) Surplus/Deficit</b>		