



Allston Brighton CDC
18R Shepard Street, Suite 100
Brighton, MA 02135
Tel: 617-787-3874
Fax: 617-787-0425
allstonbrightoncdc.org

STUDENT LOANS COUNSELING INTAKE PACKET

Thank you for your interest in Allston Brighton CDC’s counseling programs. Allston Brighton CDC (ABCDC) is a non-profit, HUD-approved housing counseling agency located in Brighton, Massachusetts. We provide pre-purchase, financial and student loan counseling to the Greater Boston area. One of our HUD-certified counselors will review your financial circumstances and your loan status and will provide an assessment of potential repayment options and programs that may be available to you. In order to properly assess your options, we will need the following information.

Following this cover sheet, you will find the intake forms together with a Student Loan Counseling Agreement, Credit Report Authorization & Release, and the ABCDC Privacy Policy. You need to complete the entire intake packet prior to scheduling your appointment with a counselor. Please read the documents carefully, complete, sign and return them to the Counseling Department via email to homebuy@allstonbrightoncdc.org. Completed packets can also be submitted via fax to 617-787-0425 or mailed to 18R Shepard St., Suite 100, Brighton, MA 02135. Once we have received your completed documents, we will contact you to schedule your appointment.

Client 1 Name: _____
Client 2 Name: _____
Date: _____

Documentation Checklist

In addition to completing the forms in this packet, you should bring supporting documentation to your counseling session. That documentation includes the following items:

- Household Budget
 - o Please use attached budget template if you do not already have a household budget
- Student Loan Account Statement(s)
 - o Include any correspondence between you and your student loan servicer(s) or debt collectors
- National Student Loan Data System (NSLDS) Financial Aid Review
 - o Go to <https://nslds.ed.gov> and click on 'Financial Aid Review'
 - o Log in with your FSA ID
 - o Once you log in you will see a summary of all of your student loan data. This will include the types of student loans you have and the loan amounts, as well as outstanding balances and interest.
 - o Please take a screenshot of the information on the Financial Aid Review or print the pages and bring them with you to your counseling session.



Allston Brighton CDC
 18R Shepard Street, Suite 100
 Brighton, MA 02135
 Tel: 617-787-3874
 Fax: 617-787-0425
allstonbrightoncdc.org

How did you hear about our housing counseling agency?

- Real estate agent, name: _____
 Lender, name: _____
 City of Boston
 CHAPA website
 Internet search
 Friend/family
 Flyer

Part One: Client(s) Information

Client 1 Information

Name _____ Address _____ City _____ State _____ Zip Code _____ Email _____ Phone _____ Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Biracial or Multiracial <input type="checkbox"/> African-American <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Decline to Answer	Social Security # _____ Date of Birth _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-hispanic Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred contact <input type="checkbox"/> E-mail <input type="checkbox"/> Phone Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow
---	--

Client 2 Information

Name _____ Address _____ City _____ State _____ Zip Code _____ Email _____ Phone _____ Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Biracial or Multiracial <input type="checkbox"/> African-American <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Decline to Answer	Social Security # _____ Date of Birth _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-hispanic Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred contact <input type="checkbox"/> E-mail <input type="checkbox"/> Phone Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow
---	--

Client 1 Highest Education Level:

- No High School Diploma/GED
- High School Diploma/GED
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

Client 2 Highest Education Level:

- No High School Diploma/GED
- High School Diploma/GED
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate



Allston Brighton CDC
 18R Shepard Street, Suite 100
 Brighton, MA 02135
 Tel: 617-787-3874
 Fax: 617-787-0425
allstonbrightoncdc.org

Part Two: Employment Information

Client 1 Employment Status

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed seasonally | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-employed | |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Other, specify: _____ | | |

Client 2 Employment Status

- | | | | |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed seasonally | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-employed | |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Other, specify: _____ | | |

Part Three: Household Information

Number of people in household: _____ Ages of dependent(s): _____
 Number of dependents: _____ Language(s) spoken: _____

Household Type:	[select only one]
<input type="checkbox"/> Single adult	<input type="checkbox"/> Female single-parent
<input type="checkbox"/> Married with dependent(s)	<input type="checkbox"/> Married without dependent(s)
	<input type="checkbox"/> Male single-parent
	<input type="checkbox"/> Two or more unrelated adults

Household Annual Income (GROSS-before taxes and deductions)

Total income of all household members from all sources \$ _____

Household Assets

Value of all checking, savings, investment, and retirement accounts \$ _____

Household Fixed Monthly Expenses

Monthly expenses that you are obligated to pay \$ _____

Household Debt

Total money owed on credit cards, student loans, car loan, etc. \$ _____



Allston Brighton CDC
18R Shepard Street, Suite 100
Brighton, MA 02135
Tel: 617-787-3874
Fax: 617-787-0425
allstonbrightoncdc.org

STUDENT LOAN COUNSELING AGREEMENT

- I understand that Allston Brighton CDC (“ABCDC”), provides confidential student loan counseling after which I will receive a written Action Plan consisting of recommendations for handling my student loan debt, possibly including referrals to legal services agencies as appropriate.
- I understand that ABCDC is a HUD approved, non-profit housing counseling agency that is in partnership with my lender, servicer or insurer and may require that ABCDC share my information with my servicer to better assist me. I authorize my lender, servicer or insurer to share my information with ABCDC.
- I understand that ABCDC receives funding from HUD, lender partners, and private foundations and, as such, is required to share some of my personal information with program administrators from these government agencies or their agents or other grant program representatives for purposes of program monitoring, compliance and evaluation.
- I may be referred to other services of the organization or 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.
- A counselor may answer questions and provide information about bankruptcy, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances.
- I understand that ABCDC provides information and education on numerous loan products and housing programs and I further understand that the counseling I receive from ABCDC in no way obligates me to choose any of these particular loan products or programs.
- I acknowledge that I have received a copy of the Privacy Policy.
- CONFLICT OF INTEREST: As a HUD approved Housing Counseling Agency, ABCDC is required to fully disclose any and all actual and potential conflicts of interest.

Client 1 Signature

Date

Client 2 Signature

Date



Allston Brighton CDC
18R Shepard Street, Suite 100
Brighton, MA 02135
Tel: 617-787-3874
Fax: 617-787-0425
allstonbrightoncdc.org

CREDIT REPORT AUTHORIZATION & RELEASE

Name: _____ Social Sec. No.: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____

I hereby authorize and instruct Allston Brighton CDC ("ABCDC") to obtain and review my credit report. My credit report will be obtained from Equifax. I understand and agree that ABCDC intends to use the credit report for the purpose of evaluating my financial circumstances and to help me understand my current student loan obligations.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to ABCDC in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

I hereby authorize the release of my information to program monitoring organizations of ABCDC, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition, I authorize ABCDC to have my credit report pulled two additional times to conduct program evaluations.

In addition, in connection with determining my ability to obtain a loan, I

authorize

do not authorize

ABCDC to share with potential lenders and/or counseling agencies my credit report and any information that I have provided, including observed information noted as required by law or to fulfill other requirements and any computations and assessments that have been produced based upon such information.

Finally, I understand that I may revoke consent to these disclosures by notifying ABCDC in writing.

Signature: _____

Date: _____

PRIVACY POLICY

Allston Brighton 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. 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 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.

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information stored?

We restrict access to your nonpublic personal information to ABCDC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.



Allston Brighton CDC
18R Shepard Street, Suite 100
Brighton, MA 02135
Tel: 617-787-3874
Fax: 617-787-0425
allstonbrightoncdc.org

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 your creditors), that is, direct us not to make those disclosures. However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit ABCDC’s ability to provide services such as foreclosure prevention counseling.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.



Allston Brighton CDC
 18R Shepard Street, Suite 100
 Brighton, MA 02135
 Tel: 617-787-3874
 Fax: 617-787-0425
allstonbrightoncdc.org

HOUSEHOLD BUDGET

Preparing your household budget, if you do not currently have one, is an important step to complete prior to your counseling appointment. During the session, your housing counselor will analyze your income, expenses, spending habits and use of credit and help you to understand how they will affect your homebuying goals.

Monthly Income

Monthly wages/salary calculations

Paid weekly: \$ _____ per week x 52 weeks ÷ 12 months = _____ total monthly wages/salary

Paid bi-weekly: \$ _____ per pay period x 26 ÷ 12 months = _____ total monthly wages/salary

Paid bi-monthly: \$ _____ per pay period x 24 ÷ 12 months = _____ total monthly wages/salary

Income Type	Client 1		Client 2	
	Gross (before taxes/deductions)	Net (after taxes/deductions)	Gross (before taxes/deductions)	Net (after taxes/deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental income	\$	\$	\$	\$
3. Child support/alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI Income	\$	\$	\$	\$
7. Disability Income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross: \$		Total COMBINED Net: \$		



Allston Brighton CDC
18R Shepard Street, Suite 100
Brighton, MA 02135
Tel: 617-787-3874
Fax: 617-787-0425
allstonbrightoncdc.org

Monthly Expenses

Description	Amount
Housing	
Utilities	
Childcare	
Education	
Communication	
Transportation	
Food	
Healthcare	
Personal Care	
Entertainment	
Savings	
Other	
TOTAL	\$

Debt

Account	Balance	Minimum Monthly Payment	Interest Rate
Credit Card #1			
Credit Card #2			
Credit Card #3			
Car loan			
Personal Loan			
Student Loans			
Medical Debt			
Other:			
TOTAL			

Assets

Description	Estimated Value	Amount Owed	Net Value
Auto – make/model: _____			
Deposit accounts – checking/savings			
IRA/KEOGH Accounts			
401k Savings Plan			
Stocks/Bonds/CDs			
Other asset: _____			
Other asset: _____			
TOTAL	\$	\$	\$