



BRIGHTON PARK NEIGHBORHOOD COUNCIL

Please be advice that we are a HUD-Certified Agency. Our housing counseling services are totally free to the community.

General Action Plan (Financial Capability)

Client's Name: _____ Counselor Name: _____

Appointment Date: _____ Appointment Time: _____

***For assistance with financial literacy, credit and other educational workshops/classes, please bring the following documents:**

Documents Needed:

- State of IL Driver's License, State ID, US Passport, Matriculate, etc.
(Identification used cannot be expired)
- Copy of your most recent credit report
(If not provided the agency can order a report)
- Mortgage statement/1 mo. rental lease/receipts
- Last 30 days of pay stubs
- 1 mo. bank statements (for all accounts)
- 2018 tax returns & W2's
- Documents that reflect expenses on budget:
 - ✓ Electricity
 - ✓ Natural Gas
 - ✓ Water
 - ✓ Cell Phone/Home Phone Bill
 - ✓ Cable/Internet
 - ✓ Medical Bills
 - ✓ Any other monthly bills

Contact Information:

Address:

4477 S Archer Ave
Chicago, IL 60632

Phone:

(773)523-7110

Fax:

(773)523-7023

Office Hours:

Monday- Friday
9:00 AM-5:00 PM

Hours to Drop Off Documents:

Monday-Friday
9:30am-4:00pm

If Applicable:

- Homeowners Insurance Policy
- Property Tax Bill

***Please bring all the necessary documents to schedule an appointment. If you are missing more than 3 documents, we will not be able to schedule an appointment. If you arrive more than 15 minutes late to your scheduled appointment, we will have to reschedule for another date.**

Thank you for your cooperation.

Office Use Only:

Initials: _____

Date: _____



Brighton Park Neighborhood Council

4477 S. Archer Ave Chicago, IL 60632 | T: (773)523-7110 | F: (773)523-7023

Authorization Form to Release Information

Participant: _____ SS#: _____
Co-Participant: _____ SS#: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Email: _____

Sub-Grantee Nonprofit Agency: Brighton Park Neighborhood Council:

Director of Financial Services:	Veronica Villaseñor	vvillasenor@bpncchicago.org
Financial Coach(s):	Evelyn Tapia	etapia@bpncchicago.org
	Jasmine Magaña	jmagana@bpncchicago.org
Case Manager(s):	Lisa Villanueva	lvillanueva@bpncchicago.org
	Jasmin Garcia	jgarcia@bpncchicago.org

Grantees: Unidos US and Illinois Housing Development Authority

- ▶ I/We further authorize Brighton Park Neighborhood Council (BPNC) handling my/our personal information to access my/our credit report file(s) for debt/expense verification in conjunction with my/our financial coaching counseling and debt management.
- ▶ I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001. This authorization will not be valid unless signed below by all participants named above and will only remain valid until revoked in writing by any participant named above.
- ▶ I/We understand that BPNC 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.
- ▶ I/We understand that BPNC submits clients information relating to Financial Capability grant to the UnidosUs and/or Illinois Housing Development Authority 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.
- ▶ I/We understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
- ▶ I/We give permission for UnidosUs and/or Illinois Housing Development Authority: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
- ▶ I/We acknowledge that I have received a copy of BPNC's Privacy Policy.
- ▶ I/We 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.
- ▶ 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.

Participant: _____ Date: _____

Co-Participant: _____ Date: _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL
PRIVACY POLICY

Brighton Park Neighborhood 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 “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 and signature on the Financial Coaching and Literacy Training Agreement. 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.

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.
- You may Opt- out of this requirement, but proof of your decision to opt-out must be recorded in your client file.
- 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 (phone number) and do so.

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 you, or is a requirement of grant awards which make our services possible.
- 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.
- 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).
- 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.

Participant: _____ **Date:** _____

Co-Participant: _____ **Date:** _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL
DISCLOSURE STATEMENT

This Disclosure Statement is provided by **Brighton Park Neighborhood Council** to all clients seeking Financial Capability from **Brighton Park Neighborhood Council**.

Complete list of services provided by **Brighton Park Neighborhood Council** in addition to counseling:

-School-based mental health counseling, case management, and crisis intervention services -Before-and-after-school academic enrichment programming -Youth and adult leadership training and organizing -Public policy advocacy (violence prevention, education justice, immigration rights) -Parent safety patrol and other violence prevention services -Foreclosure mitigation counseling -Homeownership Education: Pre-Purchase, Post-Purchase counseling and Financial Capability -Affordable Care Act, SNAP, and Medical Card -Property Tax and Homeowner Insurance Review, Property Tax Appeal -LIHEAP and Weatherization services -Rental Counseling -Financial Coaching/Literacy -Volunteer Income Tax Assistance through Center of Economic Center -Illinois Hardest Hit Fund Program

Description of any financial relationships between **Brighton Park neighborhood Council** and any other industry partners: [identify relationship, compensation structure and name of industry partner] **-Not Applicable**

As a client of **Brighton Park Neighborhood Council** you are not obligated to receive any other services offered by **Brighton Park Neighborhood Council** or its industry partners (as identified above).

Brighton Park Neighborhood Council certifies that its staff and volunteers who will provide Financial Management, Financial coach and Literacy training under the Financial Capability Grant have no conflict(s) of interest due to any other relationships with servicers, real estate agencies, mortgage lenders and/or other entities or industry partners (whether identified above or not) that may stand to benefit from particular counseling outcomes. We are a non-profit organization; therefore we do not charge a counseling fee to any participants of this program.



Executive Director/Authorized Official Signature

Patrick Brosnan, Executive Director
Printed Name and Title

I/we hereby verify that by signing this disclosure statement I/we confirm that I/we have read the above disclosed information, and received a copy of the disclosure statement.

Participant: _____ **Date:** _____

Co-Participant: _____ **Date:** _____



Brighton Park Neighborhood Council

4477 S. Archer Ave. Chicago, IL 60632 | Phone (773) 523-7110 | Fax (773) 523-7023

Personal Information:

First name: _____ Last name: _____

Current address: _____ City: _____ State: _____ Zip code: _____

Date of birth: ____/____/____ Social Security #: ____-____-____

Home phone: (____) _____ Alternate phone: (____) _____ Cell #: (____) _____

Email address: _____ Preferred contact type: _____

How long have you live at this current address: year's months

Residency Status: ☐ own ☐ rent ☐ other Do you live in a rural area? ☐ Yes ☐ No

Demographics:

Gender: ☐ Female ☐ Male Marital status: ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ Divorced

Country of origin: _____ Citizenship: ☐ United States Citizen ☐ Permanent Resident Alien
☐ Non-Resident Alien

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Preferred not to answer

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

English Proficiency Status: ☐ Limited English Proficient ☐ Not Limed English Proficient

Active Military? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No If yes, do you need special arrangements? ☐ Yes ☐ No

Household size: Number of Dependents: Adults Children

Preferred Language: _____ Highest education level: _____

Employment History:

Are you employed? ☐ Yes ☐ No If yes, are you: ☐ Full-time ☐ Part-time ☐ Seasonal

How long have you been with this employer? Years Months

Are you self-employed? ☐ Yes ☐ No Are you unemployed? ☐ Yes ☐ No

If yes, are you receiving unemployment benefits: ☐ Yes ☐ No When did you started receiving benefits: ____/____/____

Employment start date: ____/____/____

Employer's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Office phone: (____) _____ ext. _____ Alternate phone: (____) _____

Annual salary: \$ _____ Your tittle/position: _____

Are you paid? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ monthly

Co-Applicant:

First name: _____ Last name: _____

Current address: _____ City: _____ State: _____ Zip code: _____

Date of birth: ____/____/____ Social Security #: ____-____-____

Home phone: (____) _____ Alternate phone: (____) _____ Cell #: (____) _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening email address: _____Preferred contact type: _____ Residency Status: ☐ own ☐ rent ☐ otherHow long have you live at this current address: year's monthsDo you live in a rural area? ☐ Yes ☐ No**Demographics:**Gender: ☐ Female ☐ Male Marital status: ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ DivorcedCountry of origin: _____ Citizenship: ☐ United States Citizen ☐ Permanent Resident Alien
☐ Non-Resident AlienRace: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Preferred not to answerEthnicity: ☐ Hispanic or Latino ☐ Not Hispanic or LatinoEnglish Proficiency Status: ☐ Limited English Proficient ☐ Not Limed English ProficientActive Military? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No If yes, do you need special arrangements? ☐ Yes ☐ NoHousehold size: Number of Dependents: Adults Children

Preferred Language: _____ Highest education level: _____

Employment History:Are you employed? ☐ Yes ☐ No If yes, are you: ☐ Full-time ☐ Part-time ☐ SeasonalHow long have you been with this employer? years monthsAre you self-employed? ☐ Yes ☐ No Are you unemployed? ☐ Yes ☐ NoIf yes, are you receiving unemployment benefits: ☐ Yes ☐ No When did you started receiving benefits: ____/____/____

Employment start date: ____/____/____

Employer's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Office phone: (____) _____ ext. _____ Alternate phone: (____) _____

Annual salary:\$ _____ Your tittle/position: _____

Are you paid? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ monthly

Additional Information:

What is your current housing arrangement: ☐ Homeowner with Mortgage ☐ Rent ☐ Homeless
☐ Living with family member nor paying rent ☐ Homeowner with mortgage paid off

Do you have a checking account? ☐ Yes ☐ No

Do you have a savings account? ☐ Yes ☐ No

Do you regularly make deposits into you savings account? ☐ Yes ☐ No

If yes, how often **Do you have automatic transfer?** ☐ Yes ☐ No

Check all that apply. In the last six months, I have:

- | | |
|--|--|
| <input type="checkbox"/> Created a spending or budget plan | <input type="checkbox"/> Created a debt reduction plan |
| <input type="checkbox"/> Paid my bills on time | <input type="checkbox"/> Reduce my debt |
| <input type="checkbox"/> Reduced my spending | <input type="checkbox"/> Set goals for my financial future |
| <input type="checkbox"/> Made progress towards at least one goal | |

Please indicate your areas of interest below (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> I want to create a spending plan or budget | <input type="checkbox"/> I want to repair or establish credit |
| <input type="checkbox"/> I want to learn more about checking & savings | <input type="checkbox"/> I want to reduce my debt |
| <input type="checkbox"/> I want to learn about managing my money | <input type="checkbox"/> I want to learn about tenants' rights |
| <input type="checkbox"/> I want to learn about property taxes and Homeowner's Insurance | |

I want to save for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Buying a House | <input type="checkbox"/> My Education | <input type="checkbox"/> Buying a car |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> My Child's Education | <input type="checkbox"/> My Retirement |
| <input type="checkbox"/> Emergencies or rainy day fund | <input type="checkbox"/> Pay off my debt | |

Check the public benefits you or anyone in your household currently receives:

***If you are not receiving any benefits and you would like to participate, BPNC can refer you to a program if eligible.**

- | | | |
|--|--------------------------------|-----------------------------------|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> TANF | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Homeless Prevention | <input type="checkbox"/> Other | <input type="checkbox"/> None |

How did you hear about the program?

Community Based Program: ☐ Community Based Event: ☐ Tax Prep Site: ☐ Flyer/Poster: ☐
Internet: ☐ Financial Institution: ☐ Other: ☐ Friend/Family: ☐

Participant: _____ **Date:** _____

Co-Participant: _____ **Date:** _____

Monthly Budget/Expenses

Monthly Income	Gross:	Net:
Applicant Income:		
Co-Applicant Income:		
Rental Income:		
Social Security/SSI:		
Retirement:		
Unemployment:		
Public Aid/Food Stamps		
Contribution:		
Other (specify)		
Total Monthly Income:		

Monthly Expenses	Amount
Mortgage / Rent	\$
Electricity	\$
Water & Sewer	\$
Natural Gas	\$
Food	\$
Telephone	\$
Cellular Phone	\$
Cable	\$
Internet	\$
Auto Loan Payments	\$
Transportation / Gasoline	\$
Auto Insurance	\$
Life / Medical Insurance	\$
Education / Tuition / Books	\$
Alimony / Child Support	\$
Clothing	\$
Other (specify)	\$
Other (specify)	\$

Credit Accounts

Account Name:	Open/ Close	Balance	Mo. Payment	In Collection

Total Income Available \$ _____

Total Expenses \$ _____

Income after Expenses \$ _____