



**BEFORE YOU APPLY, CHECK IF YOU'RE ELIGIBLE:**

1. Be a Minnesota resident 18 years or older
2. Be employed, or self-employed for at least the past 3 months
3. Meet income guidelines

Family Size	Yearly Income Limit
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
Add \$9,080 for each additional person	

4. Have assets below \$10,000 (not including retirement accounts, 1 primary vehicle and 1 primary residence)

**TO APPLY:**

1. Fill out FAIM Application
2. Submit with your application a copy of your most recent tax return (first two pages of 1040), OR your most recent W2, OR three months of paystubs
3. Submit with your application a copy of a current and valid photo ID
4. Submit with your application a utility bill, cell phone bill, or bank statement for proof of address

**TURN IN APPLICATION AND SUPPORTING DOCUMENTS BACK TO COMMUNITY ACTION  
DULUTH AND A FAIM COACH WILL CONTACT YOU TO SET UP AN ENROLLMENT  
APPOINTMENT 😊**



## FAMILY ASSETS FOR INDEPENDENCE IN MINNESOTA (FAIM)

### Participant Application

#### **LOCAL AGENCY USE ONLY:**

Agency Name: \_\_\_\_\_ FAIM Coach: \_\_\_\_\_

FAIM Savings Account Number: \_\_\_\_\_ Date of 1<sup>st</sup> Deposit: \_\_\_\_\_

#### **Deposit Deadline:**

#### **Spending Deadline:**

Asset: ☐ Education ☐ Home Purchase ☐ Business  
Saving on behalf of a dependent for Education

Vehicle Purchase **Grant Number:**  
☐ Sent to state FAIM office for approval

**Please print clearly and answer all questions except gray shaded boxes.**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Full Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: \_\_\_\_\_ Lot/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: (only if different than Home Address) \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_

Gender Identification: ☐ Female ☐ Male ☐ Other ☐ Decline to ID

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### **Applicant Marital Status (choose one):**

☐ Single (never married) ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other: \_\_\_\_\_

#### **Applicant PRIMARY Race (choose one):**

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Multiracial  
☐ Unknown ☐ Decline to ID

**Applicant Ethnicity (choose one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to ID

#### **Applicant:**

☐ Immigrant ☐ Refugee ☐ Not Applicable **Country of origin:** \_\_\_\_\_

☐ Yes ☐ No Are you the head of household?

☐ Yes ☐ No Are you a single parent?

☐ Yes ☐ No Are you disabled?

☐ Yes ☐ No Are you a veteran? If yes, which war/conflict: \_\_\_\_\_

☐ Yes ☐ No Are you a Minnesota resident?

US Citizen **OR** Eligible Non-Citizen - status: \_\_\_\_\_

**Housing (choose one):**

☐ Own   ☐ Rent   ☐ Public   ☐ Subsidized   ☐ Homeless   ☐ Other - specify: \_\_\_\_\_

Monthly rent or mortgage payment: \$ \_\_\_\_\_

**Health Insurance (complete both columns):****Primary Source for Applicant:**

- ☐ Coverage through a job  
☐ Coverage through spouse's job  
☐ Coverage through self-employment  
☐ Private insurance  
☐ State plan  
☐ Medicaid  
☐ Medicare  
☐ Other – specify: \_\_\_\_\_  
☐ None

**Health Insurance for Household:**

- ☐ All members insured  
☐ Some members insured  
☐ No members insured  
☐ Don't know  
☐ Decline to ID

**Applicant's Annual Income Range (choose one):**

- ☐ \$0 to \$15,000  
☐ \$15,001 to \$22,000  
☐ \$22,001 to \$30,000  
☐ Over \$30,000

**Total number of people in the household:**


**Number of adults:** ☐ One   ☐ Two   ☐ Three   ☐ Four   ☐ Five   ☐ Six   ☐ Seven   ☐ Eight+

**Number of children:** ☐ Zero   ☐ One   ☐ Two   ☐ Three   ☐ Four   ☐ Five   ☐ Six   ☐ Seven   ☐ Eight+

**Your Highest Level of Education Completed (Mark one):**

- ☐ Grade K-5  
☐ Grade 6-8  
☐ Grade 9-11  
☐ High School Diploma  
☐ GED  
☐ Vocational School  
☐ Some College  
☐ AA Degree (2-year degree)  
☐ BA/BS Degree (4-year degree)  
☐ Some Graduate School  
☐ MA/MS Graduate Degree

**Your Employment Status (Mark one):**

- ☐ Employed full-time (35 hours or more weekly)  
☐ Employed part-time (up to 35 hours weekly)  
☐ Unemployed  
☐ Self-Employed full-time (FT)  
☐ Self-Employed part-time (PT)  
☐ Working ☐ FT   ☐ PT and in school  
☐ Currently in school or job training program  
☐ Homemaker, not seeking employment  
☐ Disabled, not seeking employment  
☐ Retired, not seeking employment

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

**Applicant Last Name:**

**Local Agency:**

**Applicant – MONTHLY Gross Income – from income documentation provided**

Formal Employment \$ \_\_\_\_\_  
Self-Employment \$ \_\_\_\_\_  
Government Assistance ( ☐ TANF, ☐ SSI, ☐ Unemployment, ☐ Other: \_\_\_\_\_ ) \$ \_\_\_\_\_  
Pension/Retirement \$ \_\_\_\_\_  
Child Support - ☐ Yes ☐ No \$ \_\_\_\_\_  
Alimony - ☐ Yes ☐ No \$ \_\_\_\_\_  
Friends/Family \$ \_\_\_\_\_  
Investments \$ \_\_\_\_\_  
Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_

**Applicant - TOTAL MONTHLY gross income - from documentation provided: \$ \_\_\_\_\_**

**Other Household Member – MONTHLY Gross Income – from income documentation provided**

**Other Household Member Name:** \_\_\_\_\_

Formal Employment \$ \_\_\_\_\_  
Self-Employment \$ \_\_\_\_\_  
Government Assistance ( ☐ TANF, ☐ SSI, ☐ Unemployment, ☐ Other: \_\_\_\_\_ ) \$ \_\_\_\_\_  
Pension/Retirement \$ \_\_\_\_\_  
Child Support - ☐ Yes ☐ No \$ \_\_\_\_\_  
Alimony - ☐ Yes ☐ No \$ \_\_\_\_\_  
Friends/Family \$ \_\_\_\_\_  
Investments \$ \_\_\_\_\_  
Other Income (Source of Other Income \_\_\_\_\_ ) \$ \_\_\_\_\_

**Other HH Member - TOTAL MONTHLY gross income - from documentation provided: \$ \_\_\_\_\_**

**HOUSEHOLD - TOTAL MONTHLY GROSS INCOME:**

\$

**Household Members:** All individuals who share use of a dwelling unit as primary quarters for living and eating.

First Name	Middle Initial	Full Last Name	Date of Birth	Relationship to You (daughter, son, spouse, etc.)

If more space is needed to list household members, please attach another sheet of paper.

**Applicant Last Name:**

**Local Agency:**

**LOCAL AGENCY USE ONLY:**Credit Score - **REQUIRED:** Equifax \_\_\_\_\_ Experian \_\_\_\_\_ TransUnion \_\_\_\_\_ Tri-Merge \_\_\_\_\_

Residence (mark one): ☐ Major Urban Area – over 1 million people  
☐ Minor Urban Area – under 1 million people  
☐ Rural/Remote Area

Area Median Annual Income of City : \$ \_\_\_\_\_ (this may be Googled)

ANNUAL Gross Income of Household: \$ \_\_\_\_\_ (from income documentation provided with this application)

Total number of members in family: \_\_\_\_\_ 100% of Federal Poverty Guideline for family size: \$ \_\_\_\_\_

**\*\*To determine income level: Divide yearly gross income of HH by 100% of Federal Poverty Guideline for family size.**Income Level (mark one): ☐ Below 100% of Poverty Guideline ☐ 100% to 150% ☐ 151% to 200% ☐ Over 200% (ineligible)

Proof of income (submit ONE of the following with the application):

☐ Most recent year's Federal 1040 tax form (**Preferred**) ☐ Previous year's W-2 Forms ☐ Previous three month's pay stubs

Proof of Government Assistance and/or income from friends or family: (must provide additional documentation):

☐ Public benefit award letter☐ Notarized letter from family or friend stating the dollar amount and time-period of support**\*\*\*\*\* THIS BOX IS FOR STATE FAIM ADMIN USE ONLY \*\*\*\*\***☐ Approved ☐ Denied - Reason: \_\_\_\_\_

Net Assets: \$ \_\_\_\_\_ State FAIM Admin Signature: \_\_\_\_\_

☐ Yes ☐ No Are you a homeowner? Value of home \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have a savings account now? Account balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you own other homes? Value of other homes \$ \_\_\_\_\_

☐ Yes ☐ No Are you a vehicle owner? If yes, number of vehicles owned \_\_\_\_\_

Value of vehicle 1 \$ \_\_\_\_\_ Vehicle 1 loan balance \$ \_\_\_\_\_

Value of vehicle 2 \$ \_\_\_\_\_ Vehicle 2 loan balance \$ \_\_\_\_\_

Value of vehicle 3 \$ \_\_\_\_\_ Vehicle 3 loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Are you a business owner?

Value of business \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you own residential rental property or land?

Value of property \$ \_\_\_\_\_ Loan balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you own: ☐ Stocks, ☐ Bonds, ☐ 401k, ☐ Other Investments Value \$ \_\_\_\_\_

☐ Yes ☐ No Do you have a burial account? Value \$ \_\_\_\_\_

☐ Yes ☐ No Do you have a checking account now? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you owe money to family or friends? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have past due household bills? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have credit card bills? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Do you have outstanding student loans? Balance \$ \_\_\_\_\_

Are your student loans in default? ☐ Yes ☐ No

☐ Yes ☐ No Do you have outstanding medical bills? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Signature loan? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Payday loan? Balance \$ \_\_\_\_\_

☐ Yes ☐ No Other loans **not** listed above? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Applicant Last Name:

Local Agency:

- ☐ Yes ☐ No Are you eligible for TANF?  
☐ Yes ☐ No Have you ever received TANF or AFDC?  
☐ Yes ☐ No Do you currently receive TANF?  
☐ Yes ☐ No Do you currently receive SS, SSI, or SSDI? Amount per month \$ \_\_\_\_\_  
☐ Yes ☐ No Do you owe back taxes to the IRS/federal government?  
☐ Yes ☐ No Are you eligible for Earned Income Tax Credit (EITC)?  
☐ Yes ☐ No Did you receive EITC on this year's tax return?  
☐ Yes ☐ No Have you ever received EITC in prior tax years?  
☐ Yes ☐ No Are you eligible for Minnesota Working Family Tax Credit?  
☐ Yes ☐ No Did you receive the Minnesota Working Family Tax Credit on this year's tax return?  
☐ Yes ☐ No Have you ever received the Minnesota Working Family Tax Credit in prior tax years?  
☐ Yes ☐ No Do you have Health Insurance?  
☐ Yes ☐ No Do you have Life Insurance?  
☐ Yes ☐ No Do you currently use direct deposit for your paychecks?  
☐ Yes ☐ No Did you have an existing relationship with the organization prior to enrollment in FAIM?  
☐ Yes ☐ No Were you referred to the FAIM program by another agency/organization/person?  
 How did you hear about FAIM? \_\_\_\_\_  
☐ Yes ☐ No Do you currently receive food support? Amount per month \$ \_\_\_\_\_  
☐ Yes ☐ No Did/Will someone else claim you as a dependent on their federal tax return?  
 If yes, who: \_\_\_\_\_ Their relationship to you: \_\_\_\_\_  
☐ Yes ☐ No Have you ever had a checking account? ☐ Decline to ID  
☐ Yes ☐ No Have you ever had a savings account? ☐ Decline to ID  
☐ Yes ☐ No Have you ever used a pre-paid card? ☐ Decline to ID  
☐ Yes ☐ No Have you or a family member ever been enrolled in FAIM? Who? \_\_\_\_\_  
☐ Yes ☐ No Will you use direct deposit for your FAIM account?

**Which asset will you be saving for?** (choose one):

- ☐ First Home Purchase (you and/or your spouse may not have owned a home/property within the last 36 months)  
☐ Business Development  
     ☐ Start-up ☐ Expansion/Enhancement  
☐ Post-Secondary Education (at an accredited higher education institution)  
     ☐ I will be saving on behalf of a dependent for education (spouse, child, or tax dependent)  
 Vehicle Purchase

**Emergency Contact Information – Required:** List someone that can reach you if we lose contact with you.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt/Lot \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ Relationship to You \_\_\_\_\_

**Applicant Last Name:**

**Local Agency:**

I certify that the information I provided on this application is true and correct to the best of my knowledge:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

**Consent to Obtain Credit Report** (required)

I give permission to \_\_\_\_\_ (local FAIM agency) to obtain a copy of my credit report/score at the **beginning AND end** of my participation in the FAIM program.

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

\_\_\_\_\_  
Date

**\*\*\* For Home Asset Track \*\*\***

Provide information below on spouse/partner/co-borrower living with the applicant who may co-sign loan:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Full Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Spouse/Partner/Co-Borrower Signature - giving permission to pull a credit report

\_\_\_\_\_  
Date

**Consent for Release of Information (to share my story)**

I, \_\_\_\_\_, give \_\_\_\_\_, the State FAIM program, and the National IDA program (CFED) permission to utilize my story in promotion of the FAIM program. This may include posting pictures on websites, utilizing my narrative on the website or in promotion of the program, and with regards to the United Way and funding requests. This release is effective for seven (7) years from the date of my signature. I understand that I am permitted to withdraw consent at any time by contacting the agency listed above.

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

\_\_\_\_\_  
Date

**Submission of this FAIM application and supporting documentation does not guarantee enrollment in the program.**

**Applicant Last Name:**

**Local Agency:**

### **CAD Supplemental Questions**

Did your parents own their home? Yes \_\_\_\_\_ No \_\_\_\_\_

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Criminal Convictions: Felonies \_\_\_\_\_ Misdemeanors \_\_\_\_\_ None \_\_\_\_\_

Do you give consent to Community Action Duluth to conduct a background check through the Bureau of Criminal Apprehension? Yes \_\_\_\_\_ No \_\_\_\_\_

\*this background check is primarily for the purpose of better assisting you with employment and financial coaching goals, and, except in instances of violent or sexual offenses, will not impact your eligibility to receive services at Community Action Duluth. In the case of violent or sexual offense conviction, Community Action Duluth would request that you sign a release to contact your criminal justice and mental health providers to assess your suitability for accessing services at CAD.

**Would any adults in the household like to register to vote?** ☐ Yes ☐ No

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**Primary Language:** Arabic \_\_\_\_\_ Chinese \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Anishinaabemowin \_\_\_\_\_  
Polish \_\_\_\_\_ ASL \_\_\_\_\_ Other: \_\_\_\_\_  
Do you need an interpreter? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Household Type:** ☐ Single Person ☐ Two Adults NO Children ☐ Single Parent Female ☐ Single Parent Male ☐ Two Parent Household ☐ Non-related Adults with Children ☐ Multigenerational Household  
☐ Other (please explain): \_\_\_\_\_

**Other Income Source:** ☐ MFIP/TANF ☐ SSI ☐ SSDI ☐ VA Service-Connected Disability Compensation  
☐ VA Non-Service Connected Disability Pension ☐ Private Disability Insurance ☐ Worker's Compensation  
☐ Retirement Income from Social Security ☐ Pension ☐ Child Support ☐ Alimony or other Spousal Support ☐ Unemployment Insurance ☐ EITC ☐ Other (please explain): \_\_\_\_\_

**Non-Cash Benefits:** ☐ SNAP ☐ WIC ☐ LIHEAP ☐ Housing Choice Voucher ☐ Public Housing  
☐ Permanent Supportive Housing ☐ HUD-VASH ☐ Childcare Voucher ☐ Affordable Care Act Subsidy  
☐ Other (please explain): \_\_\_\_\_

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**In the past 12 months, how many full months did you work?** \_\_\_\_\_

Current or last job held:

Title \_\_\_\_\_ Company \_\_\_\_\_ Wage \_\_\_\_\_ per \_\_\_\_\_

Hours/week \_\_\_\_\_ Start date \_\_\_\_\_ Will/does your job offer health insurance Y \_\_\_ N \_\_\_

End Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Are you currently in school or training?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Program \_\_\_\_\_ Institution \_\_\_\_\_

Start date \_\_\_\_\_ Est. Graduation Date \_\_\_\_\_





## Community Action Duluth: Combined Privacy Act Notice and Tennessean Warning

We at Community Action Duluth, we value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by state, federal government agencies and local agencies:

- Financial Wellness Counseling
- Homebuyer Education (Home Stretch + Pathways Home)
- Local Initiative Support Corporation (LISC)
- Homeownership Capacity
- Homebuyer Counseling
- The City of Duluth

These agencies may receive the information described below.

### **Social Security Numbers**

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in the above referenced programs if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

### **Other Private Data**

Under Minnesota Statutes, your name and address may be public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the above referenced programs. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private data for the purposes of service delivery, program management, compliance, monitoring, research, and program evaluation. We collect your private information from the following sources:

- Information we receive from you on applications or other forms,
- Information about your transactions with us, and
- Information we receive from a consumer credit reporting agency..

We may disclose private information about you which may include your name, address, social security number, employer, assets, debts, income, credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities or their representatives identified below or to other entities properly authorized under law to review it.

- Staff at this organization and its partners operating in this program who need it to work on your case
- Staff of the United States Department of Housing and Urban Development (HUD)
- Staff of the Local Initiative Support Corporation (LISC)
- Staff of HECAT funders: Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, the Minnesota Homeownership Center
- Staff of the Homeownership Capacity funder: Minnesota Housing Finance Agency
- The City of Duluth

By signing below you agree to allow us to collect and share information as described above; please indicate your approval with your signature, below.

Client Signature

Date

Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session. The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was full informed of the information contained in this document and understood its nature and intended use of the released information.

Client Name

Homeownership Advisor/Coach's Signature

Date



# COMMUNITY ACTION Duluth

## Community Action Duluth Housing Counseling Program Disclosure

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please communicate with your Homeownership Advisor about arranging alternative accommodations.*

**About Us and Program Purpose:** Community Action Duluth is a nonprofit, HUD-approved housing counseling organization. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, marital status, disability, status with regard to public assistance, sexual orientation or gender identity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

### Description of Services:

**Financial Wellness** In depth, comprehensive program designed to increase successful homeownership and household stability through intensive financial empowerment and homeowner training.

**Home Buyer Education** A course designed to prepare you for the process of purchasing a home.

**Homebuyer Counseling** Homeownership Advisors work one-on-one with you to look at what you can afford, explain mortgage terms, and how to prepare and what to expect at closing. They'll help analyze your current financial situation, review your credit report and assist in overcoming barriers to help you become mortgage-ready.

**Organization Conduct:** No Community Action Duluth employee, director, volunteer, contractor or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our organization's compliance with federal or state regulations and our commitment to serving the best interests of our clients.

**Organization Relationships:** Community Action Duluth has financial affiliation or professional affiliation with The US Department of Housing and Urban Development (HUD), Minnesota Housing Finance Agency, Minnesota Homeownership Center, Greater Minnesota Housing Fund, United Way, and banks including North Shore Mortgage, US Bank Home Mortgage and Wells Fargo Home Mortgage.]

Alternative Services, Programs, and Products & Client freedom of Choice: You are not obligated to participate in any mortgage and/or home buying program to receive housing counseling services from our organization. You are encouraged to seek alternatives for any products or services discussed. Our organization is required to provide you with information on other affordable mortgage products and/or real estate services available in our area. It is your responsibility to ensure that you are receiving the best mortgage product and/or real estate services for your individual or family needs.

Referrals and Community Resources: You may be provided information regarding local and regional services available to meet a variety of needs, including but not limited to, utility assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. Community Action Duluth will also provide information identifying alternative organizations that provide services, programs, or products identical to those offered by Community Action Duluth and its exclusive partners and affiliates.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Community Action Duluth, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared Community Action Duluth funders such as HUD, the Minnesota Homeownership Center or the Minnesota Housing Finance Agency.

Errors and Omissions and Disclaimer of Liability: I/we agree [Community Action Duluth, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in Community Action Duluth counseling; and I hereby release and waive all claims of action against Community Action Duluth and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**I/we acknowledge that I/we received, reviewed, and agree to Community Action Duluth Program Disclosure.**

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Client Signature/Date

Signature/Date

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Please print Client Name(s)

If Program Disclosure was given verbally:

Homeownership Advisor Signature\_\_\_\_\_

Date Program Disclosure Given\_\_\_\_\_



## Community Action Duluth

### Homeownership Advisor – Coaching Agreement

#### Homeownership Advisor Roles & Responsibilities:

- Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.
- Preparing a client action plan that lists the steps that you and your Homeownership Advisor will take in order to achieve your housing goal.
- Preparing a household budget that will help you manage your debt, expenses, and savings.
- Presentation of reasonable options available based on your current situation.
- Your Homeownership Advisor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.
- Neither your Homeownership Advisor nor Community Action Duluth, employees, agents, contractors, or directors may provide legal advice.
- Offer referrals to needed resources.
- Provide services confidentially, honestly and respectfully.

#### Client Roles & Responsibilities:

- Providing accurate information about your income, debts, expenses, credit and employment.
- Attending meetings, returning calls, and promptly providing requested paperwork.
- Completing the steps assigned to you in your Action Plan.
- Neither your Homeownership Advisor nor Community Action Duluth, employees, agents, Contractors, or directors may provide legal advice.
- Attending educational workshops (i.e. Homebuyer Education) as recommended.
- Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

**Termination of Services:** Failure to work cooperatively with your Homeownership Advisor and/or Community Action Duluth, will result in discontinuation of counseling services. This includes but is not limited to, missing three consecutive appointments.

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Client Signature

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Date

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Homeownership Advisor/ Coach's Signature

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Date



### **Anti-Discrimination Policy**

Community Action Duluth does not discriminate. Our services will not discriminate against persons based on:

- Race
- Ethnicity
- Color
- Creed
- Religion
- National Origin
- Gender
- Marital Status
- Public Assistance Status
- Disability
- Sexual Orientation
- Age

If you need assistance or accommodation in order to fully use our services, please tell any staff member.

If you believe Community Action Duluth has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with: Angie Miller, Executive Director Community Action Duluth 2424 West 5<sup>th</sup> St. Duluth, MN 55806 phone:218-726-1665

I have discussed and understand Community Action Duluth's Discrimination Policy and have been given a copy of this policy for my records:

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

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

### **Conflict of Interest Statement**

Affordable Homes, Lending Products and other Forms of Assistance *might* be available through Community Action Duluth and Partnerships in which Community Action Duluth has entered.

***Clients of Community Action Duluth are under no obligation to utilize these services.***

- You are **free** to choose lenders, loan products, down payment assistance, financial institutions, housing, realtors, legal advisors, tax preparers, and/or any other goods or services *regardless* of the recommendations made by your counselor or instructor.
- You are **encouraged** to *do your own research* and seek advice and counsel from any reliable source before making major financial decisions.

Occasionally in the course of financial education classes or during one-on-one coaching, the name of an agency, lender, financial institution, or investment product may be used for illustration purposes.

- ***Neither endorsement nor sanction should be inferred thereby.***
- As with all aspects of your finances, you should ***carefully consider*** your personal goals, risk tolerance, resources, and all of your options before making any purchase, investment, or contractual relationship with any agency or company.

**I have read and understood this Conflict of Interest Statement.**

Participant Signature: \_\_\_\_\_

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

CAD Staff: \_\_\_\_\_

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



### **Agreement to be Part of Research for Purposed of Determining Program Quality and Effectiveness**

Community Action Duluth is now operating as a Financial Opportunity Center. In order to evaluate our success and change our programming periodically to continue to do the best work possible, we will occasionally use participant information for research purposes. This research may be done by Community Action Duluth as an individual agency, or in a larger partnership with funders or other organizations.

- We would like your help.
- Your signature on this form will help us find out about the success of the program.
- We NEVER reveal any information about a specific participant.
- We only use the information to see if the program is meeting its goals.
- You can review your file at any time.

Participant Signature: \_\_\_\_\_

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

•

CAD Staff Signature: \_\_\_\_\_

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

### **Mandated Reporting**

We want you to know that confidentiality is extremely important. However, there are a few exceptions:

- Sharing information within the agency
- In the case of potential or suspected abuse or neglect
- In the case of suicide or attempted suicide
- In the case of harm or attempted harm/plan to attempt harm to yourself or someone else

Community Action Duluth (CAD) employees are mandated reporters. This means that they may need to call the Initial Intervention Unit or the police in the above cases. The purpose of mandated reporting is to ensure safety.

I understand that the relationship with CAD employees is confidential. CAD employees will not share information unless a mandated report is needed. I understand that the CAD employees are mandated reporters for abuse and neglect issues and report to law enforcement for safety of self and others.

Participant Signature: \_\_\_\_\_

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

CAD Staff Signature: \_\_\_\_\_

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



**COMMUNITY  
ACTION Duluth**

**Optional Consent for Release of Information & Use of Photo**

I give Community Action Duluth (CAD), permission to use my name, photo and/or story to promote different opportunities and programs provided by CAD. This may include posting pictures or using my name and story or specific quotes in newsletters, on websites, in reports and/or with regards to funding requests.

We will never use your photo or name without asking your permission even after this form has been signed.

This release is effective for seven years from the date of signature.

I understand that I am permitted to withdraw this consent at any time by contacting CAD at 218-726-1665.

Participant Signature: \_\_\_\_\_

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

CAD Staff: \_\_\_\_\_

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

I Am **Withdrawing Authorization** for Community Action Duluth to use my name, photo and/or story from this day forward.

Participant Signature: \_\_\_\_\_

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

CAD Staff: \_\_\_\_\_

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



### Credit Release Authorization

To assist Community Action Duluth in its ability to provide me with financial counseling services and track my financial date and outcomes, I hereby authorize Community Action Duluth to pull my credit report and score now and periodically, but not more frequently than once every six (6) months, for a period not to exceed five (5) years from the date of this authorization.

I understand that all inquiries by Community Action Duluth into my credit constitute “soft inquiries” and will not adversely affect my credit or credit rating. I understand that I may request a financial counseling session in the future to discuss information in my credit report or about my credit score as pulled by Community Action Duluth on my behalf.

I further understand that I may withdraw Community Action Duluth’s authorization to pull additional credit reports or credit scores at any time without penalty.

I understand that I have the right to dispute information with the credit bureau, to request investigation, and to have corrected reports reissued to previous recipients of the credit report at issue. I understand that a CAD staff can help with these steps and processes if requested.

I understand that credit information is sensitive and that there may be inherent risks to accessing such data. I understand that all of my personal information will be held **confidential** by Community Action Duluth.

I’ve had the opportunity to ask a Community Action Duluth Financial Coach questions regarding and understand such risks.

Participant Signature: \_\_\_\_\_

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

CAD Staff: \_\_\_\_\_

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

I Am **Withdrawing Authorization** for Community Action Duluth to pull my credit report and score from this day forward.

Participant Signature: \_\_\_\_\_

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

CAD Staff: \_\_\_\_\_

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





## Questionnaire

NAME OR NUMBER

**Part 1:** How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2:** How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3:** Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

## Financial Capability Scale (0-8 point scale)

1. Do you **currently** have a personal budget, spending plan, or financial plan?

◇ Yes (1 point)

◇ No (0 points)

2. How **confident** are you in your ability to achieve a financial goal you set for yourself today?

◇ Not at all confident (0)

◇ Somewhat confident (1)

◇ Very confident (2)

3. If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how **confident** are you that your family could come up with money to make ends meet within a month?

◇ Not at all confident (0)

◇ Somewhat confident (1)

◇ Very confident (2)

4. Do you **currently** have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings) ?

◇ Yes (1 point)

◇ No (0 points)

5. Over the **past month**, would you say your family's spending on living expenses was **less than** its total income?

◇ (Yes (1 point)

◇ No (0 points)

6. In the **last 2 months**, have you been charged a late fee on a loan or bill?

◇ Yes (0 point)

◇ No (1 points)

-----  
Do you presently have a checking account with a bank or a credit union?

Yes\*

No\*\*

\*If yes, do you bounce checks frequently (at least once a month for the past 3 months)?

Yes

No

\*\*If no, have you ever had a checking account?

Yes

No

\*\*If no, what is the main reason for not having one?

In ChexSystems

Transactions take too long

Not sure how to set one up

Fees too high

Don't like dealing with bank personnel

Not enough money to make account useful

Other

Center for  
Financial Security



Do you presently have a savings account?

Yes

No

UNIVERSITY OF WISCONSIN-MADISON

**Participant Name:** \_\_\_\_\_ **Date completed/updated:** \_\_\_\_\_

We are about to create a budget. Do you want it to reflect just your own finances, or the finances of your whole household?

(Note to participants: please make sure all of your answers stay consistent with your response to this question.)

\_\_\_\_ **Budget reflects participant only**

\_\_\_\_ **Budget reflects whole household**

## MONTHLY INCOME

Wages (after tax)	_____	Worker's Compensation	_____
Income from self-employment or business ownership	_____	Veteran's Compensation	_____
SSI/SSDI	_____	Rental income	_____
Food Stamps/WIC	_____	Income from other household members	_____
Other Public Benefits	_____	Interest/Investment Income	_____
Alimony/Child Support	_____	Other Income	_____
Unemployment	_____	<b>Total Monthly Income</b>	_____

## MONTHLY EXPENSES

### Rent, Taxes & Home Maintenance

Rent	_____
Renter's Insurance	_____
Mortgage 1 - Primary Residence	_____
Mortgage 2, 3, etc. - Primary Residence (combined)	_____
HELOC(s) - Primary Residence	_____
Real Estate - other than Primary Residence	_____
Property tax	_____
Homeowner's Insurance	_____
Home Maintenance	_____
Other	_____

### Utilities

Gas/Heating	_____
Electric	_____
Water	_____
Trash	_____
Sewer	_____
Phone (landline)	_____
Cell phone	_____
Other (note: cable and internet go in Personal Expense)	_____

### Transportation

Vehicle 1 Payment	_____
Vehicle 2 Payment	_____
Vehicle 3 Payment	_____
Gas	_____
Car Insurance	_____
Car Maintenance	_____
Public Transportation	_____
Other	_____

### Child/Dependent Related

Childcare/Daycare	_____
Child Support (paid)	_____
Education (for children/dependents) - tuition, books, etc.	_____
Other	_____

### Health-Related

If not deducted from paycheck, Health Insurance	_____
If not deducted from paycheck, Dental Insurance	_____
Life Insurance (pro-rate if not paid monthly)	_____
Monthly Medical & Prescription Bills	_____
Other	_____

### Credit Card/Loan Payments

Revolving Credit Cards	_____
Student Loans	_____
Consumer Loans - Active	_____
Informal Loans - family, friends, etc.	_____
Business Loans	_____

### Food

Groceries	_____
Other Food (dining out, school lunch, etc.)	_____

### Personal Expenses

Cable/Internet	_____
Laundry/Dry Cleaning	_____
Tobacco & Alcohol	_____
Clothing & Accessories	_____
Hair Products/Toiletries	_____
Beauty Salon/Barber Shop	_____
Recreation (movies, CD's, vacation, etc.)	_____
Other	_____

### Miscellaneous Expenses

Charitable Giving	_____
Gifts to Others	_____
Newspapers/Magazines	_____
Pet Care	_____
Allowances for Children/Dependents	_____
Membership Dues ( health club, licenses, etc.)	_____
Education (not student loan repayment)	_____
Financial Fees	_____
Other	_____

### Total Monthly Expenses

## MONTHLY NET INCOME

### Total Monthly Net Income

Monthly Savings Target \_\_\_\_\_