

Thank you for contacting Financial Pathways of the Piedmont

Your appointment details:

Program: **Utility and Mortgage Assistance (UMA)**

Date: _____ Time: _____

Day: _____ Counselor: _____

Financial Pathways of the Piedmont is providing Rent, Utility, Mortgage, Assistance (RUMA) through the Community Development Block Grant Coronavirus fund (CDBG-CV) from the US Department of Housing (HUD). These funds are to be used to help Winston-Salem residents affected by the economic impact of the coronavirus pandemic to assist with past due utility and mortgage payments on behalf of eligible clients, as defined below:

1. **Must be a resident within the Winston-Salem city limits** and have occupied the subject property in Winston-Salem as their primary residence for the last three months from date of application.
2. Someone in the household has been affected by the economic impact of the COVID-19 pandemic.
 - a. **Reduction in household income** due to job loss, furlough or reduction of hours worked.
 - b. **An increase of expenses** because of COVID-19
 - c. Household income that is **at or below 80% of area median income**
 - d. Have a mortgage or utility account in their name and are **at least one month delinquent on such account at time of application** (must provide documentation)
3. The household has not already received Federal COVID-19 assistance for rent, utility, or mortgage.

NOTE: RUMA applications are processed on a first come first serve basis until funds are exhausted. Process from intake to approval and payments made can take between 1-2 weeks if all documents are submitted timely. Your counselor will contact you with outcome and/or any additional information required. Financial Pathways will distribute UMA payments directly to service providers each week on Tuesdays and Wednesdays only. Applications cannot be processed without all the required documentation and information.

Financial Pathways of the Piedmont shall make its services available and accessible without regard to race, color, religion, national origin, sex, age, sexual preference, handicap, or economic status.





Improving Lives Through Financial Education and Coaching

Affidavit of Certification

***IF NO, YOU ARE NOT ELIGIBLE**

I certify the dwelling is my primary residence:	<input type="checkbox"/> YES <input type="checkbox"/> NO*
I certify that I am a US citizen, permanent resident, have eligible immigration status or have Deferred Action for Childhood Arrival (DACA) status:	<input type="checkbox"/> YES <input type="checkbox"/> NO*
I agree to provide an additional statement verifying my citizenship/residency status if applicable:	<input type="checkbox"/> YES <input type="checkbox"/> NO*

Assistance Information:

Duplication of Benefits:	Have you received assistance or received a commitment for assistance related to COVID-19 from any other source?	<input type="checkbox"/> YES <input type="checkbox"/> NO
*IF YES, please list agency:		
Please detail any financial assistance you receive or will receive from other sources:		
<u>PROVIDER</u>	<u>Description of Assistance</u>	<u>Amount Received</u>
Required Documents:		
<input type="checkbox"/> Proof of residency	<input type="checkbox"/> Copies of mortgage and/or utility statements showing past due amount	<input type="checkbox"/> Household income verification with proof of hardship

**If yes, be aware that you may not be eligible to receive duplicate funding under this program.*

By signing this application, I verify that all the information presented herein is true and correct to the best of my knowledge. I agree that the rental agency and mortgage servicer listed may be contacted to verify information contained in this application. I provided all supplemental documents as required. By signing this application, I also acknowledge that evidence of eligible immigration status may be released by the agency or the City without responsibility for the further use or transmission of the evidence by HUD and the INS for the purposes of verifying individual immigration status. Finally, by signing this agreement, I understand that if it is determined I have received duplicative CDBG-CV assistance that I am responsible for reimbursing the agency the funds dispersed on my behalf.

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Identify the assistance you are requesting with this application. (Select all that apply)

- Mortgage Assistance**

 Utility Assistance: Water/Gas/Oil/Propane
 Utility Assistance: Trash & Sewer

 Utility Assistance: Electric & Other Utility

***MORTGAGE:**

Name of Mortgage Servicer:	
Remit to payment address:	
Telephone:	
Account Number:	

***UTILITY-WATER/GAS/OIL/PROPANE:**

Name of Utility/Water Company:	
Remit to payment address:	
Telephone:	
Account Number:	

***UTILITY-WATER/GAS/OIL/PROPANE:**

Name of Utility/Water Company:	
Remit to payment address:	
Telephone:	
Account Number:	

***UTILITY-TRASH/SEWER:**

Name of Utility/Electric Company:	
Remit to payment address:	
Telephone:	
Account Number:	

***UTILITY-ELECTRIC/OTHER UTILITY:**

Name of Utility/Gas Company:	
Remit to payment address:	
Telephone:	
Account Number:	

**Actual copies (legible electronic acceptable) of rent, mortgage, and/or utility statements are required as part of the application process. Financial assistance not to exceed 6 months of arrears.*

If more space is needed, please make a copy of this page.

City of Winston-Salem
CDBG-CV Rental/Mortgage/Utility Assistance (RUMA) Program
FY 2019-2020 Income Certification for Program Applicants

This program is supported by Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). Federal regulations require that we obtain the following information to document that assistance is being provided to low-and moderate-income households. This information is collected for statistical purposes only and is kept in strict confidence. The applicant should complete this form indicating all persons residing within their household, regardless of whether they are related.

Income verification is **MANDATORY** for program participation.

Applicant Name:	SSN:
Applicant Address:	Apt:
Applicant City/State:	Zip:
Applicant Telephone:	Landline or Cell:
Email Address:	
Emergency Contact Name:	Phone:
Co-Applicant Name:	Phone:

Status (Select all that apply):	<input type="checkbox"/> 62 years+ <input type="checkbox"/> Disabled <input type="checkbox"/> Male <input type="checkbox"/> Female
Is anyone in your household a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not Head of Household, is the Head of Household female?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME is defined as the total annual **gross income** of all family and non-family members 18+ years old living within the household. This includes employment (last 2 months); child support (award letter/court order); alimony (court order); social security (award letter); disability (award letter); retirement(statement); unemployment (statement); Veteran’s benefits(statement). If **NO** income, you must complete an affidavit of no income.

Please circle your household size on the chart below. Then, check your annual household income range based on your household size. Your income must fall at or below that income level.

Household Size	1	2	3	4	5	6	7	8
80% AMI Income	\$37,400	\$42,750	\$48,100	\$53,400	\$57,700	\$61,950	\$66,250	\$70,500

Please list anyone that is living in your household, children, or adults:

Full Name	Age	Gender	Hispanic Y/N	Race	Relation

Asset Verification:

Asset Type: (checking, savings, etc.)	Name of Bank or Institution	Current Market Value	Interest Rate	Interest Income

Anticipated Annual Household Income:

Full Name	Wages/Salary	Benefits/Pension	Public Assistance	Other Income

Source income documents are required to determine household eligibility for the program. These documents may include: Prior year tax returns, copies of wage statements, copy of Medicaid card, etc.

Applicant Hispanic Ethnicity? YES NO

Race: (Must check one)

- American Indian/Alaskan Native
- American Indian/Alaskan Native & Black/African American
- Asian & White
- Native Hawaiian/Pacific Islander
- White
- Other/Multi-Racial: _____
- American Indian/Alaskan Native & White
- Asian
- Black/African American
- Black/African American & White

Required Documents: *(if applicable)*

COVID-19 related hardship documentation or letter: *(unemployment letter, layoff/furlough letter, proof of unemployment benefits, proof of decrease in income or increase in expenses due to COVID-19 and/or a written hardship letter indicating economic impact of the pandemic.)*

Proof of income: Income is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. This includes employment (last 2 months); child support (award letter/court order); alimony (court order); social security (award letter); disability (award letter); retirement(statement); unemployment (statement); Veteran’s benefits(statement).

IF NO INCOME, you must complete an affidavit of no income.

Valid NC Photo ID or NCDL for applicant and ALL adult household members

Birth certificate for all children under the age 18

SS Card for applicant and all household members

Utility bill showing past due amount, service address, named applicant

Mortgage statement, notice of default, foreclosure notice, showing past due amount, property address, named applicant

Last 2 months bank statements

Last 2 months pay stubs

2019 and/or 2020 tax returns

Special cases may require additional documents *(ex: self-employed)*

Applicant Certification:

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Winston-Salem. I further acknowledge that eligibility for services funded through the CDBG program is based upon having a qualifying annual family income level, and that the income level and/or status I have indicated in this self-certification is subject to further verification by the agency providing services, the City of Winston-Salem and/or HUD. **The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.**

I therefore authorize such certification and will provide documentation of all income sources upon request.

Applicant’s Signature: _____

Date: _____

Co-Applicant’s Signature: _____

Date: _____

FPP Staff Printed Name: _____

FPP Staff Signature: _____

Date: _____

INCOME AND EXPENSE FORM

Client: _____ Co-Client: _____ Date: _____

Instruction: enter amount that is spent monthly for each item below. The adjusted column is for any recommendation that may help balance your budget.

MONTHLY EXPENSE:

Item	Amount	Adjusted	Comment
Rent			
First Mortgage			
Second Mortgage			
Association Dues			
Property Taxes			
Lot Rent			
Gasoline			
Auto Maintenance			
Auto Registration/Taxes			
Groceries			
Dining Out			
Food At Work			
School Lunches			
Electric/Gas/Oil			
Water/Sewer			
Telephone			
Garbage/Recycling			
Pager/Cellular Phone			
Internet Service			
Cable TV			
Clothing			
Insurance – Automotive			
Insurance – Medical			
Insurance – Life			
Insurance – Home/Renter			
Prescriptions			
Doctor Visits			
Dentist Visits			
Optical			
Daycare			
Babysitting			
Children’s Allowance			
Children’s Activities			
Diapers			
Child Support			

Item	Amount	Adjusted	Comment
Car Payment			
Student Loan			
Cosigned Loans			
Bank Account Deductions			
Taxes (IRS and/or State)			
Business Cards/Loans			
Other Loans			
Tithe Donations			
Other Charitable \$ Donations			
Education Tuition			
Books/Supplies			
Books, Newspapers, Mags.			
Entertainment & Recreation			
Gifts/Holidays			
Travel			
Alcohol/Tobacco			
Tools – Job Related			
Clothes – Job Related			
Other Job-Related Expenses			
Laundry/Dry Cleaning			
Home Maintenance			
Home Cleaning			
Parking/Bus Pass/Train			
Personal Care			
Savings			
Bank Charges			
Pet Expenses			
Other:			
Total of All Expenses			

MONTHLY INCOME:

CLIENT	GROSS Amount	NET Amount	Income Type / Comment
Full-time			
Part-Time			
Social Security			
Retirement/Pension			
Unemployment			
Alimony			
Child Support			
Family Assistance			
Food Stamps			
Other			

ASSETS:

ITEM:	Value	Balance	Comment
Checking			
Savings			
Home			
Other Property			
Auto			
Recreational Vehicle			
401K/Retirement Accounts			
Investments			
Other Investments			
Miscellaneous			

CREDITOR ACCOUNT

DETAIL:

Creditor Name	Acct #	Balance	Payment Amount	% Rate

CO-CLIENT INCOME	GROSS Amount	NET Amount	Income Type / Comment
Full-time			
Part-Time			
Social Security			
Retirement/Pension			
Unemployment			
Alimony			
Child Support			
Family Assistance			
Food Stamps			
Other			
Total Income			



HUD DISCLOSURE STATEMENT

Financial Pathways of the Piedmont (FPP) is a non-profit financial education and credit counseling agency in the Piedmont area. FPP has certified financial and housing counselors who help families and individuals regain financial stability, strengthen their financial management skills, and build wealth through homeownership.

The housing counseling services provided by Financial Pathways of the Piedmont include:

- Default/Delinquency Counseling
- Foreclosure Prevention Counseling
- Pre-Purchase Housing Counseling
- Reverse Mortgage Counseling
- Rental Counseling
- Homelessness Counseling
- Homebuyer Education
- Financial Literacy Education

To receive FPP services you are not obligated to receive, purchase, or use any other services offered by FPP or its exclusive partners.

Provided to client in face to face setting

Provided to client verbally or electronically

Signature

Date

Counselor

Date

Client Rights and Complaint Resolution Process

We pledge that our clients have the right:

- To prompt counseling services for managing money based on their financial situation.
- To treatment with dignity and respect.
- To be actively involved in a comprehensive assessment of their financial situation
- To express dissatisfaction through a complaint resolution process.
- To discontinue their relationship with our Agency at any time.
- To ask questions and to have their concerns addresses.

We are committed to providing you with high quality professional services. However if you are not satisfied with the services provided or if you want to make a complaint we ask that you follow these guidelines.

- **Step One:** Try to resolve the issue with the staff member involved, giving him or her specific information about your complaint.
- **Step Two:** If Step One is not possible or the issue is not resolved to your satisfaction, write to: **Counseling Supervisor, Financial Pathways of the Piedmont, 7820 North Point Blvd. Suite 100, Winston Salem, NC 27106**
- **Step Three:** The Counselor Supervisor may request a meeting with you (phone or face to face) or seek more information from a staff person. The agency will respond within 15 days.
- **Step Four:** If your issue is still unresolved, you may appeal by writing directly to the Chief Executive Officer. **Write to: President, Financial Pathways of the Piedmont, 7820 North Point Blvd. Suite 100, Winston-Salem, NC 27106.** After additional fact finding, the Chief Executive Officer will provide a written concluding decision to you within 15 days.

I have read and understand the Agreement for Counseling, including the Client Rights and Complaint Resolution Process.

Applicant

Counselor

Applicant

Date



FACTS **WHAT DOES Financial Pathways of the Piedmont DO WITH YOUR PERSONAL INFORMATION?**

WHY? Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.

WHAT? The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security Number and information we received from you orally or in writing on your application
- Information we receive from your creditors and others including credit and/or housing
- Transactions and your credit report information

HOW? All financial companies need to share non-public personal information to run their everyday business. In the section below, we list the reasons financial companies can share their non-public personal information; the reasons FPP chooses to share; and whether you can limit this sharing.

Reasons we can share you personal information	Does CCCS Forsyth County share?	Can you limit this sharing?
For our everyday business purposes - such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	yes	yes
For our marketing purposes - to offer our products and services to you	no	no
For joint marketing with other financial companies	no	no
For our affiliates' everyday business purposes - information about your transactions and experiences	no	no
For our affiliates' everyday business purposes - information about your creditworthiness	no	no
For nonaffiliates to market to you	no	no

To limit our sharing

- Call 336-896-1191 - our menu will prompt you through your choice(s) **or**
- Visit us online: www.financialpaths.org

Please note:
If you are a *new* customer, we can begin sharing your information 3 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions? Call 336-896-1191 or go to www.financialpaths.org

Who we are

Who is providing this notice? FPP Forsyth County is a nonprofit financial education organization helping families achieve financial stability and self sufficiency.

What we do

How does CCCS Forsyth County protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

All information shared with our counselors, whether in writing or orally, will be managed in a legal and ethical manner.

How does CCCS Forsyth County collect my personal information? We collect your personal information, for example, when you

- receive credit counseling or attend financial education class
- receive SFC® counseling or complete DMP application
- receive mortgage default and/or foreclosure counseling

We may disclose some or all of your non-public information to 3rd parties as needed to provide you with our services.

Why can't I limit all sharing? Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes - information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. FPP Forsyth complies with all NC and Federal laws.

What happens with I limit sharing for an account I hold jointly with someone else? FPP Forsyth would be limited in its ability to provide agency financial education and counseling services to the client seeking our help.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *FPP Forsyth County is a private nonprofit corporation and has no affiliate relationships related by common ownership or control.*

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *FPP Forsyth County works with all financial service and mortgage companies as part of its delivery of financial counseling and education services, helping families achieve financial stability.*

Joint Marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *FPP Forsyth County has no agreement with nonaffiliated financial companies regarding marketing of financial products or services.*

Other important information

Financial Pathways of the Piedmont is committed to protecting the privacy of information you share with us. All information shared with our financial counselors and/or educators, whether in writing or orally, will be managed in a legal and ethical manner. Your personal financial information will not be shared with third parties except as needed to provide you with our services, as permitted or required by law, or with your specific authorization.

Client Signature

Date



Questionnaire

Name : _____

CPR Number: _____

Date: _____

RUMA Program

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? 18-61 62+
12. How did you take the questionnaire? I read the questions Someone read the questions to me

More questions on back



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Questionnaire continued:

Part 4:

- 13. Are you able to set aside some money for savings?
- 14. Would you recommend FPP to a family member, friend, or coworker?

Yes	No

Part 5: If this is a follow up visit, please complete the following:

- 15. Have you reduced your debt since your last visit?
- 16. Did you follow through with referrals that your counselor made?
- 17. If you were behind ore soon-to-be behind on your mortgage payments, were you able to retain your home?

Yes	No	N/A

Financial well-being is not a measure of income. It is the ability for an individual to manage their day-to-day finances, absorb a financial shock, maintain a credit score, and manage debt consistently.

Financial Pathways of the Piedmont is utilizing this financial well-being survey to collect client data as an aid in measuring the effectiveness of our financial counseling services.

We appreciate your time in taking just a few moments to complete this survey. Please turn in the finished survey to the front desk. Thank you for helping us server you better!

COVID-19 IMPACT

Identify any of the following situations that apply to you or to other member of the household 18 years or older. *(check all that apply)*

MORTGAGE ASSISTANCE

- My mortgage is past due
- I have received a notice of foreclosure
- I have applied for a forbearance with my mortgage lender

UTILITY ASSISTANCE – N/A at this time

- My water is past due/received a late payment notice
- My electric bill is past due/delinquent
- I have a shut off notice from my electric company
- My gas is currently disconnected
- My electricity has been disconnected
- My gas is past due/received a late payment notice
- I have applied for a forbearance with my mortgage lender

COVID-19 FINANCIAL IMPACT

- My work hours were reduced
- I was terminated from my job because employer closed due to COVID-19
- My former employer is not re-opening after closing for COVID-19
- I was laid off from my job due to COVID-19
- I was furloughed due to COVID-19
- A wage earner left my household due to COVID-19 impact
- Loss of child support due to COVID-19 impact
- I have a pending unemployment application

RUMA DOCUMENTATION

Each individual case will determine potential documents required for their assistance application. This is not an exact all-inclusive list and could change based on requirements in the Neighborly application portal through the City of WS.

Required Documents: *(if applicable)*

COVID-19 related hardship documentation or letter: *(unemployment letter, layoff/furlough letter, proof of unemployment benefits, proof of decrease in income or increase in expenses due to COVID-19 and/or a written hardship letter indicating economic impact of the pandemic.)*

Proof of income: Income is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. This includes employment (last 2 months); child support (award letter/court order); alimony (court order); social security (award letter); disability (award letter); retirement(statement); unemployment (statement); Veteran's benefits(statement).

IF NO INCOME, you must complete an affidavit of no income.

Valid NC Photo ID or NCDL for applicant and ALL adult household members

Birth certificate for all children under the age 18

SS Card for applicant and all household members

Utility bill showing past due amount, service address, named applicant

Mortgage statement, notice of default, foreclosure notice, showing past due amount, property address, named applicant

Last 2 months bank statements

Last 2 months pay stubs

2019 and/or 2020 tax returns

Special cases may require additional documents *(ex: self-employed)*