

***Thank you for contacting Financial Pathways of the Piedmont***

**Your appointment details:**

**Program:** ☐ FPP    ☐ CHO    ☐ SFC    **Date:** \_\_\_\_\_  
**Counselor:** \_\_\_\_\_    **Time:** \_\_\_\_\_  
**Location:** \_\_\_\_\_    **Day:** \_\_\_\_\_

PHONE: 336.896.1191 \* FAX: 336.896.0481

**Congratulations!** You have taken the first step in improving your financial well-being by making an appointment with Financial Pathways of the Piedmont.

With over 45 years of serving the community, Financial Pathways of the Piedmont is a non-profit, United Way member, HUD-approved, NFCC certified credit counseling agency with knowledge and experience you can't get from any other local organization.

Please have the following information in preparation for your appointment:

1. Copies of your most recent statements and/or letters from your creditors, lender, servicer.
2. A current payroll stub from ALL employment sources.
3. The completed General Information Sheet, and Income & Expense Worksheet.
4. The signed agreement for counseling service and other attached disclosures.
5. Please see Fee Schedule on page 2 for applicable one-time counseling fee made payable by cash, check, credit card, debit card, money order, or certified funds.

Your appointment should last approximately 1-2 hours. Keeping your scheduled appointment is important because we have set this time aside especially for you. If for any reason you cannot keep the appointment, please notify us immediately. We will gladly reschedule your appointment to better suit your schedule. We appreciate the opportunity to be of service to you.

*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. Fees may be waived or lowered based on financial need as determined by the agency.*



**7820 North Point Blvd, Suite 100  
Winston-Salem, NC 27106**

**FPP: (336) 896-1191 ♦ CHO: (336) 773-0286 ♦ SFC: (336) 896-1328**

**[www.financialpaths.org](http://www.financialpaths.org)**



**Fee Schedule for Agency Program Services**  
*(Effective 4/1/2023)*

These are standard fees of this agency. The agency retains the right to lower or waive fees for clients based on the client's financial condition. The agency does not deny services to any client due to the client's inability to pay the fee. Some of our service fees are subsidized by grants and contributions; others are not.

<b>Financial Counseling (FPP)</b>	
Budget & Credit Counseling	\$100*
Student Loan Counseling	\$100*
Debt Management Plan Set-Up Fee	\$25 one-time fee
Debt Management Plan Monthly Fee	10% or \$40 max

<b>Center for HomeOwnership (CHO)</b>	
Pre-Purchase Counseling	\$150* ( <i>\$175 residents outside of Forsyth County</i> )
Homebuyer Education Workshop	\$100* ( <i>\$125 residents outside of Forsyth County</i> )
Foreclosure Prevention Counseling	No Fee
Tri-Merge Credit Report	\$60 ( <i>Hard inquiry on credit file</i> )

<b>Senior Financial Care (SFC)</b>	
In-Home Bill Pay for Seniors	Sliding Fee Scale

\*Fee includes initial and follow-up sessions for 1 year

Cash, Check, Credit Card, Debit Card, Money Order, or Certified Funds accepted.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# General Information and Intake Form

Complete as much information as possible. Please print.

<b>REFERRED BY: (How did you hear of us)</b>	<b>COUNSELOR / INTAKE DATE:</b>
--	---------------------------------

## APPLICANT

Last Name	First	Middle/Maiden	Date of Birth	Social Security No. - - -
Address No./ Street	City	State	Zip Code	Home Telephone Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address			Cell Telephone Number
Dependents/Ages (not listed by Co-Applicant)		Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		
Employer 1: _____ Position/Years: _____ Telephone: _____ Ext _____		Rate: _____ Hours Worked _____ Gross Pay \$ _____ Net Pay \$ _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
Employer 2: _____ Position/Years: _____		Rate: _____ Hours Worked _____ Gross Pay \$ _____ Net Pay \$ _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly

### OTHER INCOME (if applicable)

Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
SSI/Disability <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
Unemployment <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____

## CO-APPLICANT

Last Name	First	Middle/Maiden	Date of Birth	Social Security No. - - -
Address No./ Street	City	State	Zip Code	Home Telephone Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address			Cell Telephone Number
Dependents/Ages (not listed by Applicant)		Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		
Employer 1: _____ Position/Years: _____ Telephone: _____ Ext _____		Rate: _____ Hours Worked _____ Gross Pay \$ _____ Net Pay \$ _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
Employer 2: _____ Position/Years: _____		Rate: _____ Hours Worked _____ Gross Pay \$ _____ Net Pay \$ _____		When do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly

### OTHER INCOME (if applicable)

Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
SSI/Disability <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____
Unemployment <input type="checkbox"/> YES <input type="checkbox"/> NO AMT: _____	How Often: <input type="checkbox"/> Wk <input type="checkbox"/> Bi-Wk <input type="checkbox"/> Semi-Mo <input type="checkbox"/> Monthly	How Long: _____

## HOUSING INFORMATION

Rent/Mortgage: \$ \_\_\_\_\_ Do you receive assistance or subsidy? ☐ Yes ☐ No How much? \_\_\_\_\_

Contract Pending ☐ Yes ☐ No Sales Price: \$ \_\_\_\_\_ Real Estate Agent: \_\_\_\_\_ Are you a VET? ☐ Yes ☐ No

(FOR MORTGAGE DELINQUENCY ONLY)

Mortgage Balance: \$ \_\_\_\_\_ Type of Mortgage: \_\_\_\_\_ Value of Home: \$ \_\_\_\_\_

Mortgage Servicer: \_\_\_\_\_ Months Delinquent: \_\_\_\_\_

Reason for Delinquency: \_\_\_\_\_

## HAVE YOU EVER FILED BANKRUPTCY? (Please Circle One)

APPLICANT CO-APPLICANT BOTH

YES ☐

NO ☐

Chapter: ☐7 ☐11 ☐13

FILE DATE:

STATUS: ☐Discharged ☐Dismissed DATE:

## LIQUID FUNDS/SAVINGS/INVESTMENT (Do you have any of the following accounts?)

Applicant

Co-Applicant

CHECKING ACCOUNT

☐ YES ☐ NO Bal:

☐ YES ☐ NO Bal:

SAVINGS ACCOUNT

☐ YES ☐ NO Bal:

☐ YES ☐ NO Bal:

CDs

☐ YES ☐ NO Bal:

☐ YES ☐ NO Bal:

SECURITIES (Stocks, Bond, etc.)

☐ YES ☐ NO Bal:

☐ YES ☐ NO Bal:

RETIREMENT/OTHER

☐ YES ☐ NO Amt:

☐ YES ☐ NO Amt:

**RACE: (Please Check One)** Voluntary – you are not required to complete this section.

☐ White, not of Hispanic Origin

☐ Hispanic

☐ American Indian/Alaskan Native

☐ Black, not of Hispanic Origin

☐ Asian/Pacific

☐ Other: \_\_\_\_\_

**APPLICANT**

DO YOU PAY CHILD SUPPORT? ☐ YES ☐ NO

**CO-APPLICANT**

DO YOU PAY CHILD SUPPORT? ☐ YES ☐ NO

ARE YOU CURRENT? ☐ YES ☐ NO

ARE YOU CURRENT? ☐ YES ☐ NO

## COUNSELOR NOTES

## 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:			
<b>Total of All Expenses</b>			

**MONTHLY INCOME:**

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

**ASSETS:**

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

**CREDITOR ACCOUNT  
DETAIL:**

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

<b>Creditor Name</b>	<b>Acct #</b>	<b>Balance</b>	<b>Payment Amount</b>	<b>% Rate</b>



Improving Lives Through Financial Education and Coaching

## AGREEMENT FOR COUNSELING SERVICES

*Please read the following statements carefully so that you understand the procedures for the counseling session. For simplification the singular is used even when the plural may apply.*

- I understand that Financial Pathways of the Piedmont (hereafter referred to as “agency”) will provide a confidential comprehensive personal money management interview.
- I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All recommendations not made by a certified consumer credit counselor, will be reviewed by a certified consumer credit counselor.
- I understand that in the event that I am dissatisfied, I can utilize the Complaint Resolution Process.
- I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from any advice or counseling.
- I understand that Financial Pathways provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate. *(if applicable)*
- I authorize Financial Pathways to submit client-level information to my mortgage lender/servicer via applicable methods and data collection systems. *(if applicable)*
- In collaboration with the NC Housing Finance Agency State Home Foreclosure Prevention Program, I authorize the agency to submit mortgage loss mitigation information for reporting and funding purposes. *(if applicable)*
- I acknowledge that I have received a copy of Financial Pathways Privacy Policy.

**I will be given a written assessment outlining a suggested client action plan which will be based on the following options:**

- A. I will handle any financial concerns on my own.
- B. I may choose to enroll in the agency’s Debt Management Plan (DMP). I understand there will be fees associated with setting up and maintaining a DMP. In the event that the counselor suggests a DMP, I will receive complete details of the operations, requirements, and responsibilities. Under the DMP, the agency serves as a neutral third party in negotiating with the creditors to liquidate financial obligations. While the agency seeks to negotiate repayment terms advantageous to my credit rating, the agency has no responsibility or obligation for any past, present, or future credit rating I receive.
- C. A counselor may answer questions 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 will inform the agency of the decision if I file bankruptcy.
- D. I will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified. I understand that I am not obligated to use any of the services offered to me.
- E. 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.

F. I understand that Financial Pathways provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Financial Pathways in no way obligates me to choose any of these particular loan products or housing programs.

- I authorize the agency to disclose financial information, including, but not limited to income, debts, assets, and etc. to any creditor or other party listed by me or identified by my counselor, and to gather whatever financial information the agency deems necessary from the creditors and other pertinent agencies working on my behalf.
- I understand that the non-profit receives its funding from a variety of sources, community, clients, creditors, government, etc.
- At sometime in the future, NeighborWorks, Treasury or a neutral third party may contact me to request a confidential evaluation of the service.

### **Non-Discrimination Policy**

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or service with respect to ability to pay, race, religion, color, gender, sexual preference, national origin, or handicap.

### **Notice to Clients Who Desire a Debt Management Plan**

Our Debt Management Plans are voluntary programs that serve the dual role of helping you repay your debts and helping creditors to receive the money owed them. A portion of our funding comes from voluntary contributions from creditors who participate in Debt Management Plans (“DMP’s”). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our Agency. These contributions are usually calculated as a percentage of payment you make through your DMP – up to fifteen percent (15%) of each payment received. However, your accounts with your creditors should always be credited with one hundred percent (100%) of the amount you pay through us and we will work with all your creditors regardless of whether they contribute to our Agency. With respect to your credit history, understand that your participation in the DMP may affect your credit report either favorably or unfavorably according to your creditor’s policies with respect to the DMP and your payment history prior to and during the DMP. Your participation in the DMP may therefore change information, which is already on your credit report. If your credit report reflects that you have paid creditors as agreed in the past, a Debt Management Plan could have a negative impact on a credit worthiness decision by a potential creditor, landlord, or employer in the future. In addition, creditors may report that you are on a Debt Management Plan and are not paying as originally agreed, although they have accepted the reduced payment. You should also be aware that debts to creditors you repay through the plan may be able to be discharged through bankruptcy. Counselors cannot provide legal advice.



## 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



## 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

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_\_  
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?
<b>For our everyday business purposes -</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	yes	yes
<b>For our marketing purposes -</b> to offer our products and services to you	no	no
<b>For joint marketing with other financial companies</b>	no	no
<b>For our affiliates' everyday business purposes -</b> information about your transactions and experiences	no	no
<b>For our affiliates' everyday business purposes -</b> information about your creditworthiness	no	no
<b>For nonaffiliates to market to you</b>	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](http://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](http://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

\_\_\_\_\_  
Co-Client Signature

\_\_\_\_\_  
Date