



Improving Lives Through Financial Education and Coaching



BC

Thank you for contacting Financial Pathways of the Piedmont

Your appointment is scheduled for: **Date:** _____

Counselor: _____ **Time:** _____

Location: _____ **Day:** _____

Congratulations! You have taken the first step in resolving your financial problems by making an appointment with Financial Pathways of the Piedmont.

Over 45 years of serving, the community gives Financial Pathways knowledge and experience you can't get from any other firm.

Please bring the following information along with you to your appointment:

1. Copies of your most recent statements and/or letters from your creditors.
2. A current payroll stub from all employment sources.
3. The completed General Information Worksheet, Income & Expense Worksheet.
4. The signed Agreement for Counseling Services and Privacy Notice.
5. An initial counseling fee of \$50 made payable by cash, check, credit card, debit card, money order, or certified funds.

Your appointment should last approximately one, to one and one-half hour. 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 so that someone else may use this time slot. 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
Phone: (336) 896-1191 ♦ Fax: (336) 896-0481
www.financialpaths.org



General Information Worksheet

Client # _____

Complete as much information as possible. Please print.

PERSONAL INFORMATION

Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Co-Client Last Name	First	Middle/Maiden	Date of Birth	Social Security Number
Dependents Names and Ages:				
Street	City	State	Zip Code	Residence Telephone
Previous Address If At Current Address For Less Than One Year:				
Email address:				

INCOME PER MONTH

(employment / retirement / unemployment / other)

Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly Total each pay period _____	Employer: _____ Position: _____ Telephone: _____ Ext _____
Deductions each pay period \$ (Insurance, loans, savings)			
CO-CLIENT			
Gross Pay (Monthly)	Take Home Pay (Monthly)	<input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly Total each pay period _____	Employer: _____ Position: _____ Telephone: _____ Ext _____
Deductions each pay period \$ (Insurance, loans, savings)			
Other Income (Type and Amount)			
Total Monthly Take Home \$ _____			

HOUSING INFORMATION

Circle One Rent Own	#1 Paid To:	Payment Amount:	Due Date:	Current? (Circle one) Y N
Estimated Market Value of Property	Balance Owed:	Length of Loan in Years	Interest Rate %	Escrow Account for Taxes & Insurance? (circle one) Y N
HOA? (circle one) Y N	#2 Paid To:	Payment Amount:	Due Date	Current? (Circle one) Y N
HOA Amount:	Balance Owed:	Length of Loan in Years	Interest Rate %	Type of Loan

INCOME and EXPENSE Worksheet

Client: _____ **Co-Client:** _____ **Date:** _____

Instruction: List your monthly NET (take home) income and the amount of out of pocket expense for each item below in the Amount column. Use recent bills to average your expenses that vary. The Adjusted Amount column is for any adjustments that may help balance your budget.

MONTHLY BUDGET INCOME		
Item	Amount	Adjusted Amount
CLIENT INCOME:		
Wages/Salary		
Overtime		
Bonus		
Pension 1		
Pension 2		
Social Security		
Unemployment		
Welfare/Government Support		
Child Support/Alimony		
Other		
CO-CLIENT INCOME:		
Wages/Salary		
Overtime		
Bonus		
Pension 1		
Pension 2		
Social Security		
Unemployment		
Welfare/Government Support		
Child Support/Alimony		
Other		
BUDGET ASSETS		
Item	Value	Balance
Real Estate Property		
Rental Property		
Automobile		
Recreation Vehicle		
Motorcycle		
Stocks		
Bonds		
Savings Account		
Retirement Plan		

Please complete worksheet PRIOR to your appointment

MONTHLY BUDGET EXPENSES		
Item	Amount	Adjusted Amount
HOUSING:		
Rent		
First Mortgage		
Second Mortgage		
Third Mortgage		
Association Dues		
Property Taxes (<i>not escrowed</i>)		
Lot Rent		
AUTOMOBILE:		
Gasoline		
Maintenance		
Registration/Taxes		
FOOD:		
Groceries		
Dining Out		
Food At Work		
School Lunches		
UTILITIES:		
Electric/Gas/Oil		
Water/Sewer		
Telephone		
Garbage/Recycling		
Pager/Cellular Phone		
Internet Service		
Cable/Satelite TV		
CLOTHING:		
Clothing		
INSURANCE:		
Automotive		
Medical		
Life		
Home (<i>not escrowed</i>)		
Renter		
HEALTHCARE:		
Prescriptions		
Doctor Visits		
Dentis Visits		
Optical		

**CCCS of Forsyth County, Inc. dba
Financial Pathways of the Piedmont**

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

In order 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



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Fee Schedule

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.

- **Credit Counseling Session - \$50**
- **Debt Management Plan (one-time) Set-up Fee - \$25**
- **Debt Management Plan Monthly Maintenance Fee – 10% of the monthly payment up to a maximum of \$40**
- **Student Loan Borrower Counseling - \$50**
- **Financial Coaching - \$50**

Cash, Check, Credit Card, Debit Card, Money Order, or Certified Funds accepted
(*\$100 bills cannot be accepted*)

- **Foreclosure Prevention Counseling – No Fee**
 - *Actual cost for service is subsidized by grants and contributions*
- **Bankruptcy Pre-Filing Certificate Counseling Fee - \$50 per individual or per married couple filing jointly**
- **Bankruptcy Pre-Discharge Debtor Education Certificate Fee – \$50 per individual or per married couple filing jointly**

Debit Card, Money Order, or Certified Funds only

Client Signature: _____

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 your 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



AGREEMENT FOR COUNSELING SERVICES

Please read the following statements carefully so that you will 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 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 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. There is a \$50.00 fee for my initial counseling session but I will not be denied service due to inability to pay. I also understand that there is a one time \$25 set up fee if I enroll in the Debt Management Program and a monthly fee of up to \$35.00 for my continued participation.
 - At some time in the future, 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, CCCS, 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, CCCS, 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.



AGREEMENT FOR COUNSELING SERVICES

(Continued)

I have received a copy, read, and understand the information provided to me, including:

- Client Bill of Rights
- Privacy Policy
- Funding Disclosure, Dual Role Disclosure, DMP Duration Disclosure
- Fee Disclosure
- Grievance Procedure

I authorize Financial Pathways (hereafter referred to as "the Agency") to release any information I share with Agency, including my financial information, with the following entities:

- My creditors and their agents, for purposes of addressing the matters discussed with the Agency;
- State, federal, or non-profit entities that provide funding to support the Agency's efforts, for purposes of grant compliance, monitoring, and program evaluation;
- Credit reporting agencies (i.e., Experian, TransUnion, or Equifax) for purposes of obtaining a credit report on my behalf or for program evaluation.

In an effort to evaluate our programs, the Agency will be evaluating credit reports for a selected group of clients. The credit report will not impact my credit score. I agree to allow the Agency to contact me to discuss my progress on an annual basis even after I have completed the program. I authorize the Agency to pull credit reports with FICO scores in my name in the next month, and then three more times in the next 36 months based on the date signed below. I understand that I will not receive a copy of this credit report but it will be retained on file at the Agency office for use only by agency staff.

I understand that this authorization will remain in effect until I revoke or modify it, and that this revocation or modification may occur at any time by contacting the Agency at **7820 North Point Blvd. Suite 100, Winston Salem, NC 27106.**

Client's Name: _____

Counselor: _____

Client's Signature: _____

Date: _____

Date: _____

May the Agency or the National Foundation for Credit Counseling contact you for purposes of monitoring and evaluating the program?

YES _____

NO _____

Please note: Participation in this follow-up is strictly voluntary and is not required in order to provide you with services.