

# VISION TO VICTORY HUMAN SERVICES CORPORATION

13230 NW 7<sup>TH</sup> Avenue, Miami, FL 33168 ~ Phone: (305) 691-3464 ~ Fax: (305) 953-8327

Email: info@vvhsc.com

Dear Prospective Client,

Thank you for contacting Vision To Victory Human Services Corporation. We are committed and dedicated the helping you help yourself. We know there is a lot of information in this packet, but we ask you to **Read It All! Please note this program is voluntary by all parties.**

When you have completed the information in this folder, return it to the front desk. A counselor will go over the submitted information and provide you with possible solution(s) for your housing concerns and/or financial concerns. This may include budget and/or credit counseling to assist in a better understanding of your money management.

Most often, your debts or housing situation did not materialize overnight. Likewise, you cannot solve and/or liquidate them overnight. This is a process that will require time and sincere commitment and dedication on your part to achieve your goal of becoming debt free. If you have any questions after your appointment, feel free to call our office. Any individual with special needs (disabilities, speech, hearing, language) every effort will be made to assist. All action by Agency Name is on a non-discriminatory basis.

## For Your Appointment

To best serve the needs of our community, we must make full use of our scheduled appointment times. At the discretion of your counselor, you may be asked to reschedule your appointment if:

- You are so late there is insufficient time to complete the counseling interview.
- If there is a joint owner of accounts not present at this interview.
- If children are present and causing such disturbances that counselor cannot conduct counseling session.
- Supporting documents are: paystubs, statements from creditors, credit cards (unless returned or destroyed).

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### **To Complete Your Form**

We need complete information on all enclosed forms. List all credit obligations including those that are payroll deducted. When completing your form, if you have any questions, a counselor will be able to provide assistance.

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## **Privacy Policy**

Vision To Victory Human Services Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### **Types of information that we gather about you**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### **You may opt-out of certain disclosures**

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (phone number) and do so.

**Release of your information to third parties**

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process.)
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## **Conflict of Interest Disclosure Statement**

### **Agency / Individual Disclosure:**

As a HUD approved affiliate member agency, I am required by the Housing and Urban Development's Handbook 7610.1 Rev-5, to make a full disclosure of any and all actual and potential conflicts of interest. The purpose of such disclosures is to allow you to make fully informed decisions about the services and agencies I may refer you to during the course of counseling sessions I will conduct with you.

Vision To Victory Human Services Corporation certifies that the staff and volunteers who will provide foreclosure intervention counseling under the NFMC Program have no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

The types of services provided by Vision To Victory Human Services Corporation are: credit counseling, foreclosure counseling, loss mitigation counseling, pre purchase counseling and pre purchase home buyer education workshops (first time homebuyer).

The Vision To Victory Human Services Corporation prohibits the following actions in order to prevent a conflict of interest in the provision of its housing counseling and education services.

The Vision To Victory Human Services Corporation will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients.

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Individuals, directors, employees, or family members of the Vision To Victory Human Services Corporation may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

A director, employee, officer, contractor, or agent of Vision To Victory Human Services Corporation shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client’s property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.

A director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as employee other than with the Vision To Victory Human Services Corporation, or with whom he or she is negotiating future employment, may not have a direct interest in the client as a landlord, broker, or creditor, or originate, have a financial interest in, service, or underwrite a mortgage on the client’s property, own or purchase a property that the client seeks to rent or purchase, or serve as a collection agent for the client’s mortgage lender, landlord, or creditor.

I have read and received a copy of the Vision To Victory Human Services Corporation Conflict of Interest Policy Statement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

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## **Client Counseling Agreement**

I understand that Vision To Victory Human Services Corporation will provide a confidential, comprehensive housing counseling interview, conducted by a certified housing counselor. I agree to participate in (pre post purchase counseling, budget/credit counseling, financial literacy, homebuyers education workshop, foreclosure/ loss mitigation) counseling sessions to better improve my ability to address my housing and/or financial needs. I understand the following:

1. That staff counselors may discuss information on my credit history, personal financial circumstances, employment, or related problems as it may be necessary to seek a solution to my identified housing/credit problems with representatives of other firms or agencies as is necessary to seek a solution to my problem(s).
2. That information about my personal circumstances will be treated with total confidentiality and that at no time will information be released to any third party without my express written consent (i.e. release of information).
3. In order to solve my specific housing problem or other needs, I recognize the need for housing counseling and pledge full cooperation with the counselor. I authorize Vision To Victory Human Services Corporation its employees, agents, and volunteers to, on my behalf, contact, consult with, provide information to and receive information from those third parties that it deems necessary, in order to assist me with my housing situation and obtaining any additional services recommended by Vision To Victory Human Services Corporation.

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4. I acknowledge that I have received a copy of Vision To Victory Human Services Corporation Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. 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.
7. By signing this application, I certify that the information given to the Vision To Victory Human Services Corporation of household income, net family assets and all allowances and deductions are accurate and complete to the best of my knowledge or belief. The information solicited on this application by the Mission of Peace in order to ensure that Federal Laws prohibiting discrimination against tenants and applications on the basis of race, color, national origin, religion, sex, family status, age, and handicap are compiled with. You are not required to furnish this information but are encouraged to do so. This information will not be used to discriminate against you in any way.
8. I understand that Vision To Victory Human Services Corporation provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Mission of Peace in no way obligates me to choose any of these particular loan products or housing programs.
9. In consideration of the counseling provided by Vision To Victory Human Services Corporation; I agree to hold Vision To Victory Human Services Corporation, its employees, agents, and volunteers harmless from any liability, damages, claims, suit, action, or demand asserted against or incurred by Vision To Victory Human Services Corporation as a result of advice or

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10. counseling which I receive from Vision To Victory Human Services Corporation; and do hereby release and discharge Vision To Victory Human Services Corporation, its employees, agents, and volunteers from any liability, damages, claim, suit, action, or demand asserted against or incurred by Vision To Victory Human Services Corporation as a result of advice or counseling which I receive from Vision To Victory Human Services Corporation.

**DATA BECOMES THE PROPERTY OF  
VISION TO VICTORY HUMAN SERVICES CORPORATION**

All documents copied during the screening process by the Housing Counselor to identify the housing need or problem shall become the property of the Vision To Victory Human Services Corporation. Such documents shall include but not be limited to the following: pay stubs, bank statements, tax returns and W2's, correspondence, social security cards, driver's license, property tax statements, warranty deed, financial documentation, social security documentation, etc.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

### **Client Bill of Rights**

*We pledge that our clients have the right:*

- To prompt counseling services for their housing situation;*
- To be treated with dignity and respect;*
- To be actively involved in a comprehensive assessment of their housing situation including an appropriate action plan;*
- To express dissatisfaction through a Complaint Resolution Process;*
- To discontinue their relationship with our agency at any time;*
- To ask questions and to have concerns addressed.*

### **Compliant Resolution Process**

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 or call Mae D. Bryant, Vision To Victory Human Services Corporation.
- Step Three: Vision To Victory Human Services Corporation may request a meeting with you (phone or face-to-face) to seek more information from a staff person. The agency will respond within 15 business days.

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- Step Four: If your issue is still unresolved, you may appeal in writing directly to:

LaTasha Slappy, National Program & Partnership Director for Mission of Peace National Corporation.

After additional fact finding, the National Program Director will provide a concluding decision to you in writing within 30 days, and a copy will be placed in your file.

### **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 services with respect to age, race, religion, color, gender, national origin or handicap.

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

**Case Number:** \_\_\_\_\_

**Primary Client**

\_\_\_\_\_  
**First**

\_\_\_\_\_  
**MI**

\_\_\_\_\_  
**Last**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Birth Date**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Length of Time at Present Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ --- \_\_\_\_\_

**Mobile:** ( ) \_\_\_\_\_ --- \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best Hours to Reach:** \_\_\_\_\_

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**Race (please circle):**

**White, not of Hispanic origin    Hispanic    American Indian/Alaskan Native**  
**Black, not of Hispanic origin    Asian/Pacific Islander    Native Hawaiian/Pacific Islander**  
**Other \_\_\_\_\_**

**Marital Status (please circle): Single    Married    Divorced    Separated    Widow**

**Gender (please circle):    Male    Female                      Disabled:    Yes                      No**

**Current Housing Arrangement (please circle):**

**Homeowner with mortgage                      Homeless                      Does not pay rent**  
**Homeowner with mortgage paid off                      Rent                      Land Contract**  
**Other \_\_\_\_\_**

**First Time Home Buyer:    Yes                      No**

**Household Type:**

**Single Adult                      Married without Children                      Married with Children**

**Female Headed Single Parent                      Male Headed Single Parent**

**Two or more unrelated adults                      Other \_\_\_\_\_**

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**Family/Household Size:** \_\_\_\_\_

**How many dependents (other than those listed by any co-borrower)?** \_\_\_\_\_

**What ages are they?** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Are there any nondependent's who will be or are living in the home?** Yes No

**If yes, list below:**

\_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Age**

**Annual Family or Household Income:** \$\_\_\_\_\_

**Referred to agency by (circle all that applies):**

- |                            |                |                   |                |                           |              |
|----------------------------|----------------|-------------------|----------------|---------------------------|--------------|
| <b>Print Advertisement</b> | <b>Bank</b>    | <b>TV</b>         | <b>Walk In</b> | <b>Staff/Board Member</b> |              |
| <b>Radio</b>               | <b>Realtor</b> | <b>Government</b> | <b>Friend</b>  | <b>Internet</b>           | <b>Other</b> |

**If you were referred by a Bank or Realtor, which one?** \_\_\_\_\_

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**Primary Client Employment**

Primary Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Address**

\_\_\_\_\_  
City State Zip Code

Phone: ( ) \_\_\_\_\_ --- \_\_\_\_\_

(Please Circle): Part Time Full Time Commission Self Employed

Gross Income: \$ \_\_\_\_\_

Is this amount paid: \_\_\_ Weekly \_\_\_ Every 2 weeks \_\_\_ Twice a Month

**Primary Client Secondary Employment**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_



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**Length of Time at Present Address:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_ --- \_\_\_\_\_

**Mobile:** (    ) \_\_\_\_\_ --- \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best Hours to Reach:** \_\_\_\_\_

**Race (please circle):**

White, not of Hispanic origin

Hispanic

American Indian/Alaskan Native

Black, not of Hispanic origin

Asian/Pacific Islander

Native Hawaiian/Pacific Islander

Other \_\_\_\_\_

**Marital Status (Please Circle):** Single Married Divorced Separated Widow

**Gender (Please Circle):** Male

Female

**Disabled:** Yes

No

**Co Client Employment**

**Primary Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Length of Employment:** \_\_\_\_\_

**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

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Phone: ( ) \_\_\_\_\_ --- \_\_\_\_\_

(Please Circle):            Part Time    Full Time    Commission    Self Employed

Gross Income: \$ \_\_\_\_\_

Is this amount paid: \_\_\_ Weekly    \_\_\_ Every 2 weeks    \_\_\_ Twice a Month

**Co Client Secondary Employment**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_                      Length of Employment: \_\_\_\_\_

**Address**

\_\_\_\_\_

City    State    Zip Code

Phone: ( ) \_\_\_\_\_ --- \_\_\_\_\_

(Please Circle):            Part Time    Full Time    Commission    Self Employed

Gross Income: \$ \_\_\_\_\_

Is this amount paid: \_\_\_ Weekly    \_\_\_ Every 2 weeks    \_\_\_ Twice a Month

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**Additional Information**

	<b>Client</b>		<b>Co-Client</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1. Have you owned a home in the last three years?</b>	Yes	No	Yes	No
<b>2. Are you a Veteran?</b>	Yes	No	Yes	No
<b>3. Do you have a contract on a house at this time?</b>	Yes	No	Yes	No
<b>4. Are you currently working with a real estate agent?</b>	Yes	No	Yes	No

**Reason for Visit (Please Circle):**

- |                                      |                      |                           |                          |
|--------------------------------------|----------------------|---------------------------|--------------------------|
| <b>Pre Purchase</b>                  | <b>Post Purchase</b> | <b>Credit Issues</b>      | <b>Budget Management</b> |
| <b>Rental</b>                        | <b>Eviction</b>      | <b>Homeless</b>           | <b>Homebuyers Club</b>   |
| <b>Home Repair</b>                   | <b>Utilities</b>     | <b>Financial Literacy</b> |                          |
| <b>Home Buyer Education Workshop</b> | <b>Other</b> _____   |                           |                          |

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<b>Type of Income</b>	<b>Primary Client Monthly Income</b>	<b>Co-Client Monthly Income</b>
<b>Salary</b>		
<b>Alimony/Child Support</b>		
<b>Rental Income</b>		
<b>Pension Income</b>		
<b>Public Assistance</b>		
<b>Self Employment Income</b>		
<b>Dependent SSI Income</b>		
<b>Disability Income</b>		
<b>Seasonal Employment</b>		
<b>Other</b>		

Can you document your child support/alimony income? Yes No

If yes, how long will it continue? \_\_\_\_\_

If your child or family member receives SSI, how many more years will the payments continue?

\_\_\_\_\_

If you receive disability income, is it for a permanent disability? Yes No

Regarding seasonal employment, have you worked in the field for 2 years or more? Yes No

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## Budget Worksheet

Category	Budget Amount	Actual Amount	Verified Amount
<b>Income:</b>			
Wages and Bonuses			
Interest Income			
Investment Income			
Miscellaneous Income			
Income Subtotal			
<b>Expenses:</b>			
<b>Home:</b>			
Primary Mortgage			
Second Mortgage/Home Equity Line of Credit			
Homeowners Insurance			
Property Taxes			
Maintenance/HOA Dues			
<b>Utilities:</b>			
Electricity			
Water and Sewer			
Natural Gas or Oil			
Telephone Land Line			
Cell Phone			
<b>Food:</b>			
Groceries			
Eating Out, Lunches, Snacks			
<b>Family Obligations:</b>			
Child Support/Alimony			
Day Care, Babysitting			
<b>Health and Medical:</b>			
Insurance (medical, dental, vision)			
Out-of-Pocket Medical Expenses			
Co Payments			
Prescriptions/Medications			

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Category	Budget Amount	Actual Amount	Verified Amount
<b>Transportation:</b>			
Car Payment #1			
Car Payment #2			
Gasoline/Oil			
Auto Repairs/Maintenance/Fees			
Auto Insurance			
Other (tolls, bus, subway, taxi)			
<b>Debt Payments:</b>			
Credit Card			
Credit Card			
Credit Card			
Student Loan			
Personal Loans			
<b>Entertainment/Recreation:</b>			
Cable TV			
Computer Expense			
Internet			
<b>Investments and Savings:</b>			
401(K)or IRA			
Stocks/Bonds/Mutual Funds			
College Fund			
Savings			
<b>Miscellaneous:</b>			
Toiletries, Household Products			
Judgments			
Wage Garnishments/Liens			
Other			
Total Investments and Expenses			
<b>Surplus/Shortage</b> (Spendable income minus expenses & investments)			

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I/We certify that the information listed on the budget is accurate to the best of my knowledge. I have provided the agency with supporting documents for the items contained on the budget.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

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## **Release of Information**

### **By signing this form, I authorize the following:**

I authorize Vision To Victory Human Services Corporation and their representatives to share the following information regarding my household. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household.

### **I understand that:**

- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twenty four months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement.

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- If I revoke my authorization, all information about me previously obtained in the database will remain.
- Information and copies of documentation remain the copy of Vision To Victory Human Services Corporation.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

**Authorization to Obtain Credit Information**

---

**I hereby authorize Vision To Victory Human Services Corporation to:**

**Pull my credit report to review my credit file for housing counseling in connection with my pursuit of a loan to purchase real property, budget and credit management, in assistance with my housing counseling goals;**

**Pull my credit report and review my credit file for informational inquiry purposes; and**

**Obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.**

**Provide information to lenders and government agencies in connection with our application for mortgage financing. Such information includes, without limitation, credit history, employment history and income, tax returns, account information, and information regarding the property being purchased.**

**Contact client at telephone numbers provided on Intake application.**

**Verify my past and present employment earnings record, bank accounts, stock holdings, and other assets balances that are needed to process my application. I further authorize Vision To Victory Human Services Corporation to order a consumer credit report and verify other credit information, including past and present landlord references.**

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**The information Vision To Victory Human Services Corporation obtains is only to be used in the processing of my application and can be shared with various agencies that fund the Vision To Victory Human Services Corporation programs.**

**VISION TO VICTORY HUMAN SERVICES CORPORATION**

13230 NW 7TH Avenue, Miami, FL 33168 ~ Phone: (305) 691-3464 ~ Fax: (305) 953-8327

Email: info@vvhsc.com

To establish “proper identification”, as required by the Fair Credit Report Act, please complete the following identifying information and supply the consumer interviewer with two (2) pieces of proper identification. It is understood that a photocopy of this form will also serve as authorization.

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Name: \_\_\_\_\_

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

Telephone Number: (    ) \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Previous address if less than two years at current address:

\_\_\_\_\_  
Address

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

I am the person named above, and I understand that Federal law provides that a person who obtains information from a consumer-reporting agency under false pretenses shall be fines not more than \$5,000.00 or imprisoned for not more than one year, or both.

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

A HUD Approved Affiliate Member of  
Affiliate Agency National Corporation