

## **Project Reinvest: Financial Capability Intake**

Thank you for contacting Cabrillo Economic Development Corporation to set an appointment for one-on-one counseling. We are pleased that you have decided to take this very important step in your goal towards achieving financial success.

To assist us in providing you with the most efficient service, please complete the attached forms. You can return the complete packet to us by email ([HFS@cabrilloedc.org](mailto:HFS@cabrilloedc.org)), FAX (805) 659-6869, mail, or drop off at our office. We will contact you to schedule the appointment. Also, please make **copies** of the following documents and provide prior to your appointment. (Note: In order to comply with our file auditing requirements we will NOT return any of the documents you submit therefore please make sure you submit copies).

- One month of most recent paystubs; if self-employed, most recent Profit and Loss statement**
- Proof of any other income, i.e. child support, social security (if applicable)**
- One month of most recent bank statement(s)**
- Copy of one (1) utility bill**
- Most recent year of Federal income tax returns**
- I.D. or Valid Driver's License**

**If your lender has requested budget counseling as part of the loan modification process, please bring the following:**

- Letter from the bank/lender requesting budget/credit counseling**
- Copy of Trial Period or Loan Modification Packet from the bank/lender**

If you have any questions, please call us immediately at (805) 659-6868. Our general office hours are Monday through Friday 8:30 am to 5:30 pm.

We look forward to working with you towards your financial goals!

Sincerely,

Heidi Reyes

Education and Counseling Services Program Coordinator  
Cabrillo Economic Development Corporation  
702 County Square Drive  
Ventura, CA 93003  
(805) 659-6868 Ext 179



**STATEMENT OF COUNSELING SERVICES**

Please read the following statements carefully and **initial the line next to each statement to indicate understanding** of that provision. For simplification, the singular is used when the plural may apply.

**DECLARACIÓN DE SERVICIOS DE CONSEJERÍA**

*Favor de leer detalladamente lo siguiente y escribir sus iniciales en cada frase indicando que entiende todo lo que está escrito.*

**I understand the agency Cabrillo Economic Development Corporation (CEDC) will provide a confidential comprehensive personal interview.** \_\_\_\_\_, \_\_\_\_\_

*Entiendo que Cabrillo Economic Development Corporation (CEDC) programara una entrevista integral personal y confidencial.* \_\_\_\_\_, \_\_\_\_\_

**I will provide CEDC with a true and accurate accounting of my financial condition to the best of my knowledge, and will disclose all obligations.** \_\_\_\_\_, \_\_\_\_\_

*Proporcionare a CEDC con la información verdadera y exacta acerca de mi estado financiero, y declarare todas mis obligaciones financieras.* \_\_\_\_\_, \_\_\_\_\_

**I agree to hold CEDC, its employees, agents, volunteers, officers and directors harmless from any claim, suit, action or demand, or any other person resulting from advice or counseling.** \_\_\_\_\_, \_\_\_\_\_

*Estoy de acuerdo de mantener a CEDC, sus empleados, oficiales, voluntarios y directores, libres de cualquier queja, reclamo, demanda o acción legal, o a cualquier otra persona como resultado de la sesión de consejería.* \_\_\_\_\_, \_\_\_\_\_

**I authorize CEDC to obtain my/our credit score/credit report(s) for the purpose of financial counseling. This information will be used to ensure accuracy of information and credit obligation.** \_\_\_\_\_, \_\_\_\_\_

*Autorizo a CEDC a obtener mi/nuestro reporte de crédito para el propósito de asesoramiento financiero. Esta información será usada para asegurar la exactitud de la información proporcionada y de las obligaciones de crédito actuales.* \_\_\_\_\_, \_\_\_\_\_

**I understand that I may be referred to other housing services offered by the organization, another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I also understand that I am not obligated to use any of the services offered to me.** \_\_\_\_\_, \_\_\_\_\_

*Entiendo que yo puedo ser referido a otros servicios de vivienda ofrecidas por la organización, u otra agencia o agencias que asisten con problemas apropiados y particulares que han sido identificados. Yo entiendo que no es obligatorio usar ninguno de los servicios ofrecidos.* \_\_\_\_\_, \_\_\_\_\_

**I understand that CEDC provides information and education on numerous loan products(FHA, Conventional, VA, and USDA) and housing programs and I further understand that the counseling I receive from CEDC in no way obligates me to choose any of these particular loan products or housing programs.** \_\_\_\_\_, \_\_\_\_\_

*Entiendo que CEDC provee información y educación sobre varios productos financieros de hipoteca (FHA, Convencional, VA y USDA) y programas de vivienda y entiendo que la conserjería que voy a recibir de CEDC no requiere que obtenga estos productos financieros de hipoteca o los programas de vivienda.* \_\_\_\_\_, \_\_\_\_\_



**STATEMENT OF COUNSELING SERVICES**  
**DECLARACIÓN DE SERVICIOS DE CONSEJERÍA**

Our Agency is committed to ensuring the privacy of individuals and or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “personal financial information,” such as your total debt information, income, living expenses, and personal information regarding your financial circumstances will be provided to others with your specific authorization.

*Nuestra agencia esta comprometida a asegurar la privacidad de cada individuo y/o familias que se han comunicado con nosotros para asistencia. Le aseguramos que toda la información compartida verbal o escrita, será manejada dentro de consideraciones éticas y legales. Su “información financiera personal”, tal como deudas, ingresos, gastos entre otra información acerca de sus circunstancias financieras será proporcionada a otros con su especifica autorización.*

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregated data in all circumstances.

*Además, podemos utilizar la información agregada a su caso con el fin de evaluar nuestros servicios, para obtener información valuable para estadísticas y para diseñar programas futuros. Mantendremos su anonimato por medio del uso de un numero de cliente o utilizando datos adicionales en cualquier circunstancia.*

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST** or when our staff has been served with a valid subpoena.

*En cualquier otra situación, su información puede ser compartida con individuos o agencias apropiadas **SOLAMENTE POR MEDIO DE UNA PETICION POR ESCRITO** o cuando nuestro personal reciba una orden legal.*

Client Signature/ *Firma del cliente*: \_\_\_\_\_ Date/*Fecha*: \_\_\_\_\_

Client Signature/ *Firma del cliente*: \_\_\_\_\_ Date/*Fecha*: \_\_\_\_\_

**Counselor Signature**: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Intake Form/Formulario de Ingreso

CLIENT INFORMATION
INFORMACION DEL CLIENTE

Please Print Clearly
Use letra de molde

Name/Nombre: \_\_\_\_\_
First/Nombre Middle Initial/Inicial Last/Apellido

Mailing Address/Domicilio: \_\_\_\_\_
Street/Calle City/Ciudad State/Estado Zip Code/Código Postal

Home/Casa: (\_\_\_\_\_) - \_\_\_\_\_ Cell/Celular: (\_\_\_\_\_) - \_\_\_\_\_

E-mail/Correo Electrónico: \_\_\_\_\_

Social Security Number/Seguro Social: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Number of Co-applicants/ Numero de Co-solicitantes: \_\_\_\_\_

Date of Birth/Fecha de Nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_

Would you like to receive emails regarding our programs, additional services/products, & special events?/ ¿Le gustaría recibir correos electrónicos sobre nuestros programas, servicios/productos adicionales, & eventos especiales?

- Yes/Si
No/No

Race/Raza (please check all that apply/por favor marque todos lo que apliquen):

- American Indian/Alaskan Native/Nativo Americano/de Alaska
Asian/Asiático
African American/Afroamericano
Hispanic/Hispano
Native Hawaiian/Other Pacific Islander/Nativo de Hawai o Las Islas del Pacifico
White/Blanco
Other /Otra raza
Choose not to respond/No deseo responder

Hispanic Ethnicity/Etnia Hispana: Yes/Si No Born outside of the US/Nacido fuera de los EE.UU.: Yes/Si No

Veteran/Veterano: Yes/Si No Gender/Género: Male/Masculino Female/Femenino

Active Military/Militar Activo: Yes/Si No Head of Household/Cabeza de su hogar: Yes/Si No

Disabled/ Deshabilitado: Yes/Si No Disabled Dependent/ Dependiente Deshabilitado: Yes/Si No

Total Household Size/Tamaño de Familia: \_\_\_\_\_ How many dependents/Cuantos dependientes? \_\_\_\_\_

Annual Family/Household Income (approximate)/Ingresos actuales combinados de su familia al año (aproximadamente):

\$ \_\_\_\_\_

Marital Status/Estado Matrimonial:  Single/Soltero  Married/Casado/a  Divorced/Divorciado  
 Separated/Separado/a  Widowed/Viudo/a  Choose not to respond/No deseo responder

What is the highest level of education you have completed?/Cuál es el nivel más alto de educación que ha completado?:

None/Ninguna  Primary/Primaria  Junior High School/Secundaria  High School/GED/Preparatoria  
 Vocational/Vocacional  Junior College/Colegio Comunitario  College/Título Universitario  
 Graduate School/Escuela de Posgrado  Other/Otro

Current Housing Arrangement/Arreglo actual de vivienda:  Homeowner/Dueño de casa  Rent/Renta  Other/Otro

Time at Residence/Tiempo viviendo en su residencia (years/años): \_\_\_\_\_

Are you a first time home buyer/Es primer comprador de casa?  Yes/Si  No

(Check 'Yes' if you have not owned a home in the past 3 years/ Marque 'Si', si no ha sido dueño de casa en los últimos 3 años)

Will you be the first in your family to purchase?/Es la primera persona de su familia que compra casa?  Yes/Si  No

**INFORMATION FOR ADDITIONAL CLIENT**  
**INFORMACION DE CLIENTE ADICIONAL**

**Please Print Clearly**  
**Use letra de molde**

Name/Nombre: \_\_\_\_\_  
First/Nombre Middle Initial/Inicial Last/Apellido

Address/Domicilio:  Same as Applicant/Mismo que el aplicante

Street/Calle City/Ciudad State/Estado Zip Code/Código Postal

Home/Casa: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/Celular: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail/Correo Electrónico: \_\_\_\_\_

Social Security Number/Seguro Social: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth/Fecha de Nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disabled/ Deshabilitado:  Yes/Si  No Gender/Género:  Male/Masculino  Female/Femenino

Relationship to Applicant/Relacion al Solicitante:  Spouse/Esposo/a  Partner/Compañero/a  Sibling/Hermano/a  
 Daughter/Son/Hijo/a  Mother/Father/Madre/Padre  Friend/Amigo/a  Other/Otro

**Race/Raza** (please check all that apply/*por favor marque todos lo que apliquen*):

- American Indian/Alaskan Native/*Nativo Americano/de Alaska*     Asian/*Asiático*     African American/*Afroamericano*  
 Hispanic/*Hispano*     Native Hawaiian/Other Pacific Islander/*Nativo de Hawaii o Las Islas del Pacifico*  
 White/*Blanco*     Other/Multiple Race/*Otra raza/raza múltiple*     Do not wish to respond/*No deseo responder*

**Hispanic Ethnicity/*Etnia Hispana***:  Yes/*Si*     No    **Veteran/*Veterano***:  Yes/*Si*     No

**Born outside of the US/*Nacido fuera de los EE.UU.***:  Yes/*Si*     No

### **WHO REFERRED YOU?: / QUIEN LO REFERIO?:**

Name of person who referred you/*Nombre de la persona quien lo refirio*: \_\_\_\_\_

**Is the above person a/*La persona mencionada arriba es un***:

- Personal Contact/*Contacto Personal (Family Member/*Familiar*, Friend/*Amigo*, etc.)*     Realtor/*Agente de Bienes Raices*  
 CEDC/VCCDC Staff or Board Member/*Empleado o Miembro del Consejo de CEDC/VCCDC*  
 Bank/Lender Staff/*Empleado de Banco*     Government Agency Staff/*Empleado de una Agencia del Gobierno*  
 Other /*Otra*: \_\_\_\_\_

**Or did you hear about us from any of the following sources?*/O se entero de nosotros por uno de esto medios?***

- Email/*Correo Electronico*     Internet Search/*Busqueda por internet*     CEDC Website/*Pagina de web de CEDC*  
 Social Media/*Medio de Comunicación Social*     Community Presentation or Event/*Presentacion o Evento Comunitario*  
 Flyer/*Volante*     Radio/*Radio*     I'm a former client/*Soy cliente previo*     Other/*Otro* \_\_\_\_\_

### **EMPLOYMENT INFORMATION OF PRIMARY CLIENT INFORMACION DE EMPLEO DEL CLIENTE PRINCIPAL**

Please Print Clearly  
*Use letra de molde*

**Primary Employer/ *Empleo Principal***: \_\_\_\_\_

\_\_\_\_\_  
Title/*Titulo*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Hired/*Fecha que fue contratado*

\_\_\_\_\_  
Business Type/*Tipo de Trabajo*

**Monthly Gross Income/*Ingresos Brutos Mensuales*** (before taxes/*antes de impuestos*): \$ \_\_\_\_\_

**Monthly Net Income/*Ingresos Netos Mensuales*** (after taxes/*después de impuestos*): \$ \_\_\_\_\_

**Secondary Employer/*Segundo Empleo***: \_\_\_\_\_

\_\_\_\_\_  
Title/*Titulo*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Hired/*Fecha que fue contratado*

\_\_\_\_\_  
Business Type/*Tipo de Trabajo*

**Monthly Gross Income/*Ingresos Brutos Mensuales*** (before taxes/*antes de impuestos*): \$ \_\_\_\_\_

**Monthly Net Income/*Ingresos Netos Mensuales*** (after taxes/*después de impuestos*): \$ \_\_\_\_\_

**EMPLOYMENT OF ADDITIONAL CLIENT / EMPLEO DE CLIENTE ADICIONAL**

**Primary Employer/ Empleo Principal:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Title/Titulo Date Hired/Fecha que fue contratado Business Type/Tipo de Trabajo

**Monthly Gross Income/Ingresos Brutos Mensuales** (before taxes/antes de impuestos): \$ \_\_\_\_\_

**Monthly Net Income/Ingresos Netos Mensuales** (after taxes/después de impuestos): \$ \_\_\_\_\_

**Secondary Employer/Segundo Empleo:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Title/Titulo Date Hired/Fecha que fue contratado Business Type/Tipo de Trabajo

**Monthly Gross Income/Ingresos Brutos Mensuales** (before taxes/antes de impuestos): \$ \_\_\_\_\_

**Monthly Net Income/Ingresos Netos Mensuales** (after taxes/después de impuestos): \$ \_\_\_\_\_

**ADDITIONAL INFORMATION/INFORMACION ADICIONAL**

**What are your current goals/¿Cuáles son sus objetivos actuales?**

\_\_\_\_\_

**If the goal is to purchase, how soon do you think you will be able to purchase a home?/Si el objetivo es comprar, ¿qué tan pronto cree que estará listo para comprar casa?**

- 1-6 months/meses       6-12 months/meses       1 or more years/1 año o más

**Are you currently saving for your down payment?/Está ahorrando para el enganche de su casa?**  Yes/Si       No

**If you answered "yes", how much do you have saved? / Si contesto "si", cuánto dinero tiene ahorrado?**

\$ \_\_\_\_\_

**Project Reinvest: Financial Capability Authorization:**

1. I understand that Cabrillo Economic Development Corporation provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that Cabrillo Economic Development Corporation submits client-level information relating to the Project Reinvest: Financial Capability grant program to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
5. I acknowledge that I have received a copy of Cabrillo Economic Development Corporation's Privacy Policy.
6. I may be referred to other services of the organization, 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.
7. 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.

Client signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Client signature: \_\_\_\_\_ Date \_\_\_\_\_

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



**Reinvertir proyecto: autorización de capacidad financiera:**

1. Entiendo que Cabrillo Economic Development Corporation brinda asesoría / asesoramiento sobre capacidad financiera, luego de lo cual recibiré un plan de acción por escrito que consiste en recomendaciones para manejar mis finanzas, posiblemente incluyendo referencias a otras agencias, según corresponda.
2. Entiendo que Cabrillo Economic Development Corporation envía información del nivel del cliente relacionada con el programa de subvención Project Reinvest: Financial Capability al NeighborWorks America Data Collection System (DCS), abre archivos para ser revisados con el fin de monitorear y cumplir con el programa, y realiza seguimientos con los clientes relacionados con la evaluación del programa.
3. Entiendo que puedo optar por excluirme de este requisito, pero la prueba de esta exclusión debe registrarse en mis archivos.
4. Doy permiso para que Project Reinvest: los administradores del programa de Capacidad financiera y / o sus agentes hagan un seguimiento conmigo dentro de los próximos tres años a los efectos de la evaluación del programa.
5. Confirmando que he recibido una copia de la Política de Privacidad de Cabrillo Economic Development Corporation.
6. Es posible que me remitan a otros servicios de la organización, a otra agencia o agencias, según corresponda, que puedan ayudar con las inquietudes particulares que se hayan identificado. Entiendo que no estoy obligado a utilizar ninguno de los servicios que se me ofrecen.
7. Un consejero puede responder preguntas y proporcionar información, pero no puede brindar asesoramiento legal. Si deseo consejo legal, será referido para asistencia apropiada

Firma: \_\_\_\_\_ Fecha \_\_\_\_\_

Imprimir nombre: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha \_\_\_\_\_

Imprimir nombre: \_\_\_\_\_

## Household Monthly Expenses / *Gastos Mensuales del hogar*

Monthly Expense/ <i>Gastos Mensuales</i>	Current/ <i>Cantidad</i>	Balance/ <i>Balance</i>	For Office Use
<b>Housing Expenses/ <i>Gastos de Vivienda</i></b>			
Mortgage or Rent / <i>1ra Hipoteca o Renta</i>			
2nd Mortgage/ <i>2da Hipoteca</i>			
Property Taxes/ <i>Impuestos de Propiedad</i>			
Homeowners Insurance/ <i>Seguro Hipotecario</i>			
HOA fees/ <i>Asociación de Propietarios</i>			
<b>Auto Expenses/ <i>Gastos de Auto</i></b>			
Auto Payment 1/ <i>Pago del Auto #1</i>			
Auto Payment/ <i>Pago del Auto #2</i>			
Auto Insurance/ <i>Seguro de Auto</i>			
Auto Fuel/ <i>Gastos de Combustible</i>			
<b>Credit Expenses/ <i>Gastos de Crédito</i></b>			
ALL Credit Cards (total monthly minimums)			
Personal/Installment Loan/ <i>Préstamo Personal</i>			
<b>Personal &amp; Family Expenses/<i>Gastos Personales y Familiares</i></b>			
Child Support/ <i>Manutención de Hijos</i> <i>(que no viven con usted)</i> Alimony/ <i>Pensión por Divorcio o Separación</i>			
Judgments Liens / <i>pagos por Orden Legal</i>			
Tuition/ <i>Colegiatura</i>			
Prescriptions/ <i>Recetas Medicas</i>			
Food/Groceries/ <i>Alimentos/Víveres</i>			
Child Care/Adult Day Care/ <i>Cuidado para Niños/Adultos</i>			
Medical Bills/Co-pays/ <i>Cobros Médicos/Co- pagos</i>			
<b>Utilities/<i>Utilidades</i></b>			
Electricity/ <i>Electricidad</i>			
Gas/ <i>Gas</i>			
Water/Trash/ <i>Agua/Basura</i>			
Phone/ <i>Teléfono</i>			
Cell Phone/ <i>Celular</i>			
Cable TV/Dish/Satellite / <i>Cable/Dish/Satélite</i>			
Other Expenses / <i>Otros Gastos</i>			
<b>Monthly Total/<i>Total de Gastos Mensuales:</i></b>	<b>\$</b>	<b>\$</b>	

<b>Household Monthly Income/Ingreso Familiar Mensual</b>			
<b>Description/ Descripción</b>	<b>Gross/Bruto (before/antes de taxes)</b>	<b>Net/Neto (after/despues de taxes)</b>	<b>For Office Use</b>
Homeowner Monthly Income (primary borrower) <i>Ingreso Mensual del Propietario (prestatario primario)</i>			
Homeowner Monthly Income (co-borrower) <i>Ingreso Mensual del Propietario (segundo prestatario)</i>			
Homeowner Monthly Income (addt'l borrower) <i>Ingreso Mensual del Propietario (prestatario adicional)</i>			
Homeowner Monthly Income (addt'l borrower) <i>Ingreso Mensual del Propietario (prestatario adicional)</i>			
Other Employment Income <i>Ingreso de otro Empleo</i>			
Other Employment Income <i>Ingreso de otro Empleo</i>			
Social Security/ SSI/ SSDI <i>Seguro Social / SSI/ SSDI</i>			
Child or Spousal Support <i>Pensión por Divorcio o Manutención de Hijos</i>			
Unemployment Compensation <i>Compensación por Desempleo</i>			
Workers Disability Compensation <i>Compensación por Discapacidad de Empleado</i>			
Retirement/Pension Benefits <i>Beneficios de Jubilación</i>			
Monies From Rental properties <i>Ingresos de Propiedades de Renta</i>			
Otro/Other			
<b>Total Combined Household Income: <i>Total de Ingreso Familiar Combinado:</i></b>	\$	\$	
<b>Difference Between Expenses &amp; Income <i>Diferencia entre Gastos e Ingresos:</i></b>	\$	\$	
<b>Household Assets/ Bienes Familiares</b>			
<b>Description/ Descripción</b>	<b>Value/Amount Valor/Cantidad</b>	<b>Amount Owed Saldo a Pagar</b>	
Automobile #1 <i>Auto #1</i>			
Automobile #2 <i>Auto #2</i>			
Money Market Funds <i>Fondos por Inversiones</i>			
Checking Account <i>Cuenta de Cheques</i>			



# Questionnaire

NAME OR NUMBER

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

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
<input type="checkbox"/> I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 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"/>
<input type="checkbox"/> 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"/>
<input type="checkbox"/> I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 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
<input type="checkbox"/> 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"/>
<input type="checkbox"/> 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"/>
<input type="checkbox"/> I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 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.

How old are you?  18-61  62+

How did you take the questionnaire?  I read the questions  Someone read the questions to me

**Parte 1: ¿Cuán bien lo describe a usted o su situación lo siguiente?**

Esto me describe	Totalmente	Muy bien	En cierta medida	Muy poco	No me describe en lo absoluto
<input type="checkbox"/> Podría hacer frente a un gasto imprevisto importante	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Estoy asegurando mi futuro financiero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Debido a mi situación financiera, creo que nunca tendré las cosas que quiero en la vida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Puedo disfrutar la vida debido a la manera en que manejo mi dinero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Apenas estoy subsistiendo financieramente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Me preocupa que el dinero que tengo o que ahorre no me dure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parte 2: ¿Con qué frecuencia le ocurre lo siguiente?**

Esto me ocurre	Siempre	A menudo	A veces	Casi nunca	Nunca
<input type="checkbox"/> Hacer un regalo para una boda, un cumpleaños u otra ocasión supondría una enorme carga para mis finanzas del mes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Me sobra dinero al final del mes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Estoy atrasado en mis finanzas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mis finanzas controlan mi vida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parte 3: Más información sobre usted.**

<input type="checkbox"/> ¿Cuál es su edad?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62 años o más
<input type="checkbox"/> ¿Cómo contestó el cuestionario?	<input type="checkbox"/> Yo leí las preguntas	<input type="checkbox"/> Alguien me leyó las preguntas

**ATHORIZATION (please initial)**  
**AUTORIZACION (Por favor escriba sus iniciales)**

**I authorize Cabrillo Economic Development Corporation to:**

**Yo autorizo Cabrillo Economic Development Corporation a:**

- (a) Pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property; \_\_\_\_\_, \_\_\_\_\_

*Correr mi/nuestro reporte de crédito, y lo (los) evalúen para aconsejarme en el proceso de comprar casa y obtener un préstamo para esta compra. \_\_\_\_\_, \_\_\_\_\_*

- (b) Pull my/our credit report and review my/our credit file for informational inquiry purposes; \_\_\_\_\_, \_\_\_\_\_

*Correr mi/nuestro reporte de crédito, y lo (los) evalúen para propósito de obtener información; \_\_\_\_\_, \_\_\_\_\_*

- (c) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan. \_\_\_\_\_, \_\_\_\_\_

*Obtener una copia de las formas del Departamento de Urbanización y Viviendas HUD-1 Acuerdo de Estado de Cuenta, Evaluación, y Notas de Bienes cuando compre una casa, de un prestador que me/ nos haga un préstamo y/o la compañía de título que cierre la venta. \_\_\_\_\_, \_\_\_\_\_*

- (d) I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my income and any pertinent information they may have personal, or otherwise, and release Cabrillo Economic Development Corporation from all liability for any damage that may result from utilization of such information \_\_\_\_\_, \_\_\_\_\_

*Autorizo la investigación de todas las declaraciones contenidas en este documento y las referencias y los empleadores enumerados para darle cualquier tipo de información relacionadas a los ingresos de mi y cualquier otra información pertinente que pueda tener personal, o de lo contrario, y la liberación de Cabrillo Economic Development Corp. de toda responsabilidad por cualquier daño que puede resultar de la utilización de dicha información. \_\_\_\_\_, \_\_\_\_\_*

- (e) I also understand and agree that no representative of CEDC has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. \_\_\_\_\_, \_\_\_\_\_

*También tengo entendido que ningún representante de Cabrillo Economic Development Corporation tiene autorización para entrar en acuerdo por cualquier detalle especificado, o proceder en acuerdo contrario a lo indicado, solamente que este escrito y firmado por el representante de la compañía autoritaria. \_\_\_\_\_, \_\_\_\_\_*

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

*Yo/Nosotros entendemos que cualquier representación intencional o negligente de la información contenida en esta forma puede resultar en cargos civiles o criminales bajo las provisiones y derechos dados en el Título 18, del Código del los Estados Unidos, Sección 1001.*

\_\_\_\_\_  
**Applicant Signature/Firma del Solicitante**

\_\_\_\_\_  
**Date/Fecha**

\_\_\_\_\_  
**Co-Applicant Signature/Firma del Segundo Solicitante**

\_\_\_\_\_  
**Date/Fecha**

PRIVACY POLICY

Cabrillo Economic Development Corporation

We at Cabrillo Economic Development Corporation value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information and financial debts. It also includes your social security number and other information that you have provided us on any application or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on application forms or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom We Disclose

We may disclose your personal information to the following types of unaffiliated third parties and organizations such as:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.
- HUD, NeighborWorks America, NFMC, Keep Your Home California, Banks, Credit Unions and Realtors.

We may also disclose personal information about you to third parties as permitted by law.

*Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

\_\_\_\_\_  
**Applicant Signature/Firma del Solicitante**

\_\_\_\_\_  
**Date/Fecha**

\_\_\_\_\_  
**Co-Applicant Signature/Firma del Segundo Solicitante**

\_\_\_\_\_  
**Date/Fecha**

PRIVACY POLICY AND PRACTICES OF

Cabrillo Economic Development Corporation

Directing Us Not to Make Disclosure to Unaffiliated Third Parties

If you prefer that we do not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

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PRIVACY CHOICES FORM

If you want to opt out, that is, direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than non profit organizations involved in community development.

Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name:

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Address:

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

Phone Number:

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If you have checked any of the boxes above,  
Please mail this form in a stamped envelope to:

Cabrillo Economic Development Corporation  
702 County Square Drive, Ventura, CA 93003

Please allow approximately 30 day from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.