



2750 Colony Park Drive Memphis, TN 38118
Phone (901) 272-1122 Fax (901) 272-1181
www.uhinc.org

Date: _____

CUSTOMER QUESTIONNAIRE

Applicant: _____
First Middle Last

Co-Applicant: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Applicant Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Co-Applicant Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Applicant E-Mail: _____

Co-Applicant E-Mail: _____

APPLICANT

Single Married Separated Divorced Widowed

Ethnicity:

Hispanic or Latino
Not Hispanic or Latino

Race:

American Indian or Alaska Native
Asian Black or African American
Native Hawaiian or Other Pacific Islander
White
I do not wish to furnish this information

Gender:

Female Male

CO-APPLICANT

Single Married Separated Divorced Widowed

Ethnicity:

Hispanic or Latino
Not Hispanic or Latino

Race:

American Indian or Alaska
Asian Black or African American
Native Hawaiian or Other Pacific Islander
White
I do not wish to furnish this information

Gender:

Female Male

Current Housing Arrangement:

- Rent
- Homeowner with Mortgage
- Living with family and not paying rent

Current Housing Arrangement:

- Rent
- Homeowner with Mortgage
- Living with family and not paying rent

Household Type:

- Female-headed single parent household
- Male-headed single parent household
- Single Adult Two or more unrelated adults
- Married with children
- Married without children

Number of persons who live in the residence. _____ How many dependents? _____

What ages are they? _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home: Yes No

If yes, list below:

LIQUID FUNDS | SAVING | INVESTMENTS

Please list the approximate value of the following:

	BORROWER	CO-BORROWER
Checking Account		
Savings Account		
Cash		
Securities (Stocks, Bonds, CDs, etc.)		
Retirement Account		

Are you about to receive additional funds (e.g., tax refund, property sales, etc.)?

Yes No If yes, how much? \$ _____

ADDITIONAL INFORMATION

Have you ever filed Chapter 13 bankruptcy?

If yes, what year did you file?

If yes, when was discharged/ Dismissed

Yes No

Yes No

Have you ever filed Chapter 13 bankruptcy?

If yes, what year did you file?

If yes, when was discharged/ Dismissed

Yes No

Yes No

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE



Authorization Form

It is recommended that the following statements be included in the third-party authorization form.

1. I understand that United Housing provides housing stability counseling after which I will receive a written action plan consisting of recommendations for handling my situation, possibly including referrals to other housing agencies as appropriate.
 I Choose to Opt Out
2. I agree to allow United Housing to pull my credit report at the time of intake. In lieu of a new credit pull, I agree to provide United Housing with a copy of my credit report dated within 30 days of the intake date.
 I Choose to Opt Out
3. I understand that United Housing receives Congressional funds through the Housing Stability Counseling Program (HSCP) and as such, is required to submit client-level information to the online reporting system and share some of my information with HSCP administrators or their agents for purposes of program monitoring, compliance, and evaluation.
 I Choose to Opt Out
4. I give permission for HSCP administrators and/or their agents to follow-up with me between now and June 30, 2026, for the purposes of program evaluation.
 I Choose to Opt Out
5. I may be referred to other housing services of the organization or other agency or agencies as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. I acknowledge that I have received a copy of United Housing privacy policy.

Optional statement that can be included, if applicable:

1. United Housing is affiliated with the following businesses:
 - a. Real Estate
 - b. Lending
 - c. Homebuying Education and Coaching
2. United Housing leases/rents residential properties to the public. As a client of HSCP services, you are under no obligation to rent a property from United Housing.
3. United Housing lists/sells properties to the public. As a client of HSCP services, you are under no obligation to purchase a property from United Housing or use the services of Homebuying Education and Coaching.

Client Signature _____

Date _____



Privacy Policy

United Housing 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 “non-public 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 Housing Stability Counseling Program Counseling Authorization 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; and
- 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 non-public 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 regarding your “opt-out,” you may call us at (901)272-1122 and do so.

I choose to opt-out _____



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 creditors, 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's signature _____ Date _____

Privacy Policy

Organization must provide to all clients a copy of its privacy policy. Proof that the client received the policy must be maintained in the file. Such proof can include a statement signed by the client indicating receipt or an electronic signature, if applicable. If the policy is mailed to the client, the grantee must keep on file proof that the policy was sent to the client via email or postal mail.

Having access to the privacy policy on the organization's website does not satisfy this requirement unless there is affirmative confirmation and documented proof that the client has reviewed the policy in the file. Please note that clients who are given the choice to "opt-out" of the organization's privacy policy provision, allowing for the sharing of their information with affiliated third parties and choose to do so, cannot be reported to the online reporting system (ORS) for payment by HSCP.

Crisis Budget

Four Important Steps to Take Control and Have a Plan

1. Create a Budget: Prioritize needs that must be met first.
2. Make a list of all your creditors including their name, contact details, account number, and payment information.
3. Plan to contact different service providers and creditors to see if they have assistance or deferral plans in place. Many will be willing to work with you.
4. Research other assistance that might be available in your community to help take some of the pressure off of your finances.

Food	You and your family must eat. Search for state and local resources for food stability such as meal centers or food banks. Look for ways to stretch your food budget such as coupons and specials. Plan your food budget ahead of time.
Shelter	If you can make your mortgage or rent payments, they should be a priority. You cannot just stop making your mortgage or rent payment. Work with your landlord or mortgage company. Rent and landlord relief funds may be available in your area.
Transportation	Vehicle payments may be deferrable. Contact your lender to see what options are available.
Phone	Communication is key for job interviews, etc. Contact your provider to see if you can lower your costs or shop around for a lower cost plan.
Medications	Prescriptions and other health supplies are essential. Do not sacrifice your health during this stressful time. Ask your doctor or pharmacist if help with medications is available.
Insurance	Do not let your insurance lapse. Call your insurance providers for assistance, a revised lower cost temporary plan, or other assistance.
Utilities	Contact your utility providers as soon as possible to give you more opportunities to take advantage of any assistance they may have.
Clothing	If you have sufficient clothing to wear, this should be an expense that can be moved to a secondary priority or put on hold indefinitely.
Estimated Bills	If your bills vary from month to month, you can look at your last few months of payments and use an average.

Crisis Budget

INCOME (Label Column with Month or Week)						
Paycheck(s)						
Unemployment						
Savings Withdrawal						
Other						
TOTAL INCOME						
High Priority Budget Items						
Food						
Shelter (Mortgage/Rent)						
Transportation						
Phone						
Medications						
Insurance						
Utilities						
TOTAL ESSENTIAL BUDGET ITEMS						
Remaining (Income minus Total)						
<p>*If the remaining balance is negative, reach out to creditors and landlords. Check 211.org to find additional resources. Plan several weeks or months ahead so you know if you need to save from previous columns to pay upcoming bills.</p>						
Other Expenses						
Clothing						
Total						
Balance (Remaining funds minus other expense total)						
<p>*If balance is negative go back and create a plan month by month to pay what you can when you can.</p>						

