



Financial Capability Program

PURPOSE:

AHC provides free financial counseling and coaching to help clients stabilize finances, build credit, establish savings, manage and reduce debt, increase financial knowledge and skills, and develop a customized road map to achieve financial goals. AHC counselors can provide ongoing coaching to track progress towards goals and help clients create updated individual action plans.

ENROLLMENT:

To enroll, please submit the following three items to AHC's Intake Coordinator, Jeni Luna, at jluna@ahclc.org or at the address below:

- (1) Financial Counseling Intake Form (attached).
- (2) Budget Template (attached). Please complete based on your current actual income and expenditures and NOT based on a "spending plan" that illustrates how you would like to earn/spend.
- (3) Copy of your credit report dated within 60 days of your counseling appointment. Reports can be pulled at no cost to you from the Credit Karma website: www.creditkarma.com/signup. If you have difficulty obtaining your credit report prior to your appointment, your counselor can instead assist you at your appointment. **Please note:** Reports pulled from Credit Karma will not adversely affect your scores.

Upon receipt of the completed information above, an AHC counselor will call you within 3 business days to schedule a counseling appointment. To make your appointment as effective as possible, your assigned counselor may request that you bring additional documentation to your appointment (for example, a credit card statement).

Counseling sessions are available in English and Spanish. Upon request, AHC can make accommodations for additional languages and the hearing impaired.

Counseling is provided at AHC's fully accessible office located in the Hilltop Executive Center at 1590 S. Milwaukee Avenue, Suite 312, Libertyville. We are located on the east side of the road, about one mile north of Route 60, and about two miles south of Route 176. We are in same building as the restaurant *Tacos El Norte*.

Call 847-263-7478 ext 19 or visit
www.ahclc.org for more information.

Financial Capability Intake Form

General Information

Applicant #1 Name: _____ Address: _____
 Social Security # _____ Date of Birth: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Applicant #2 Name: _____ Address: _____
 Social Security # _____ Date of Birth: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Do you currently: Rent Own
 Limited English Proficiency Status: Household is Limited Not Limited Choose not to state
 How did you hear about AHC: _____
 What are your main financial concerns: Budgeting Credit Overextended Other: _____

DEMOGRAPHIC INFORMATION- Applicant #1

Ethnicity: Hispanic/Latino Not Hispanic/Latino
 Race: American Indian/Alaskan Native Asian Asian & White
 Native Hawaiian/Other Pacific Islander White Choose not to state
 American Indian or Alaskan Native & White Other Multiple Race
 Black/African American Black/ African Native & White
 American Indian or Alaska Native & Black/African American
 Status: Single Single Parent Married Separated Divorced
 Widowed Other: _____ Choose not to state
 Gender: Male Female
 US Citizen: Yes No Permanent Alien: Yes No N/A
 Military Status: Active Duty Veteran N/A
 Highest Education Level: Grades K-8 Grades 9 -11 Grade 12 or GED
 College 1-3 yrs. College 4yrs. Doctorate/Masters Never Attended
 Disabled: Yes No

DEMOGRAPHIC INFORMATION- Applicant #2

Ethnicity: Hispanic/Latino Not Hispanic/Latino
 Race: American Indian/Alaskan Native Asian Asian & White
 Native Hawaiian/Other Pacific Islander White Choose not to state
 American Indian or Alaskan Native & White Other Multiple Race
 Black/African American Black/ African Native & White
 American Indian or Alaska Native & Black/African American
 Status: Single Single Parent Married Separated Divorced
 Widowed Other: _____ Choose not to state
 Gender: Male Female
 US Citizen: Yes No Permanent Alien: Yes No N/A
 Military Status: Active Duty Veteran N/A
 Highest Education Level: Grades K-8 Grades 9 -11 Grade 12 or GED
 College 1-3 yrs. College 4yrs. Doctorate/Masters Never Attended
 Disabled: Yes No

EMPLOYMENT-Applicant #1

Are you self-employed? Yes No
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Title: _____ Years @ Current Employer: _____
 Do you have two continuous years in the same line of work? Yes No
 Gross Monthly Income \$ _____ (Income BEFORE Taxes)
 Overtime \$ _____
 Bonuses \$ _____
 Commissions \$ _____
 Other \$ _____ Please Explain: _____
TOTAL \$ _____

EMPLOYMENT-Applicant #2

Are you self-employed? Yes No
 Employer: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Title: _____ Years @ Current Employer: _____
 Do you have two continuous years in the same line of work? Yes No
 Gross Monthly Income \$ _____ (Income BEFORE Taxes)
 Overtime \$ _____
 Bonuses \$ _____
 Commissions \$ _____
 Other \$ _____ Please Explain: _____
TOTAL \$ _____

ASSETS

Savings \$ _____
 401 (k), IRA, Pension \$ _____
 Stocks/ Mutual Funds \$ _____
 Gifts \$ _____
 Other \$ _____
TOTAL \$ _____

LIABILITIES- Monthly Payments

Auto Payment 1 \$ _____
 Auto Payment 2 \$ _____
 Credit Cards \$ _____
 Student Loans \$ _____
 Child Support/ Alimony \$ _____
TOTAL \$ _____

Applicant #1 Signature

Date

Applicant #2 Signature

Date

MONTHLY EXPENSES AND DEBTS

CLIENT NAME(S):

Expense Category	Expense Description	Monthly Payment	Total Balance Remaining	Amount Delinquent
Housing	Mortgage/Rent Payment			
	Taxes (if not included above)			
	Assessments			
	Home Repairs			
Utilities	Phone (Land Line)			
	Cell Phone			
	Gas			
	Electric			
	Cable/Internet			
	Water/Garbage/Sewer			
Transportation	Car Payment 1			
	Car Payment 2			
	Gasoline			
	Car Insurance			
	Repairs & Maintenance			
	IPASS / Tolls / Parking			
	Public Transportation			
Household Expenses	Groceries			
	Non-Food Supplies			
	Personal Care			
	Clothing			
Education	Education			
Insurance	Life			
	Medical			
	Dental			
Medical	Disability			
	Doctor Visits			
	Medication			
	Other			
Child Care	Child Care			
Child Support	(if not garnished from check)			
Cash / Entertainment	Spending Money			
	Entertainment			
	Vacation			
Dues / Donations	Church / Charity			
	Dues			
Miscellaneous / Other	Other			
Loans / Credit	Credit Card / Loan 1			
	Credit Card / Loan 2			
	Credit Card / Loan 3			
	Credit Card / Loan 4			
	Credit Card / Loan 5			
Total Expenses		\$ -	\$ -	\$ -
Total Income				
Difference + (-)		\$ -		