



U-SNAP-BAC Inc.
U-SNAP-BAC Non-Profit Housing Corporation

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Linda Smith
Executive Director

Michael Cheatham
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(PLUS)

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(Cadillac Novara Bock Club)

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(Member-at-Large)

Lillian Williams
(CPNA)

Carole Wiseman
(CCEBA)

Position Vacant
(CBC)

Thank you, for choosing U-SNAP-BAC for your counseling needs. We are a non-profit organization offering a wide range of housing services. To ensure that we can assist you, please bring only the items, listed below, to your appointment. All items must be removed from envelopes, and placed in the order indicated above.

1. Valid driver's license or state ID and Social Security Card
2. **Federal** tax returns for 2020 & 2021 (or proof of extension)
3. Most current mortgage payment coupon
4. Documents pertaining to your loan (note, mortgage, truth in lending)
5. One month of current paycheck stubs and proof of any other income, such as pension income and social security checks, unemployment, and **award letters**
6. Letters the mortgage company has sent to you
7. Two (2) consecutive months of bank statements (**Not Account summary**)
8. One (1) current utility bill (water, gas, electric, or phone))
9. Proof of homeowners' insurance (or agents name & number)
10. Property Tax Bill (If applicable)
11. Hardship letter (A written chronological account of what happened))
12. MSHDA Household Profile- Complete, sign and date (included in your packet)
13. MSHDA Counseling Agreement and Release of Information- Sign and date (included in your packet)
14. Home Budget, Monthly- Fill in the monthly income, and monthly payments and expenses (included in your packet)

Please notify us immediately if;

- A. **You cannot make your appointment as scheduled.**
- B. **You are not able to locate all the items listed above.**

Should you have questions, please contact me at 313-640-1100 Ext.117, or email me at the address listed below. I look forward to meeting with you and assisting you with your housing needs.

Sincerely,

LaKeshia Hancock HUD Certified Counselor

E-mail: lhancock@usnapbac.org

Client Name _____

MY BUDGET PROCESS

COMPLETE

Estimate each monthly expense.
(Strive for accuracy)

Fill in Total Monthly Income.
(include take-home pay and all sources of income)

Subtract Total Monthly Expense.
⇒ Surplus or Deficit?

What if my expense is not monthly?

| Non- Monthly Expense | What to do | By What Number | Monthly Expense |
|---------------------------------|------------|----------------|------------------|
| Weekly (grocery, gas) | × | 4 | =monthly expense |
| Quarterly (water etc.) | ÷ | 3 | =monthly expense |
| Semi- Annually (auto insurance) | ÷ | 6 | =monthly expense |
| Annually | ÷ | 12 | =monthly expense |

BALANCE

Key to success-live within your means.

Pay yourself first by trying to save 10% Of your income.

Decide what your family's most important goals are.
Think about your wants vs. your needs.

| RESULTS | WHAT TO DO |
|--|--|
| Surplus (income greater than expenses) | <ul style="list-style-type: none"> • Add to savings • Save for goals |
| Deficit (expenses greater than income) | <ul style="list-style-type: none"> • Increase income • Decrease expenses • both |
| Balance (income=expenses) | <ul style="list-style-type: none"> • always aim to include saving in your budget |

TRACKING & ADJUSTING

Keep track of actual spending.
(save receipts, use a notebook, computer program, etc.)

Record monthly expense totals on the My Budget worksheet.

Hold meeting with family and adjust spending to balance budget.

| | |
|------------------------|--|
| Utilities | Turn off lights; use energy star appliances; unplug appliances when not in use; turn down heat; turn up air conditioning; insulate |
| Transportation | Shop vehicle insurance keep proper air pressure in tires; car pool; public transportation; combine errands; walk |
| Debt | Keep debt low; make arrangements to pay off old debt; carefully evaluate taking on new debt |
| Living Expenses | Buy sale items; take lunch to work; limit entertainment and dining out expenses |





Client Name

Date

HOUSING

| MY BUDGET | |
|---------------------------------|---------|
| EXPENSES | MONTHLY |
| First Mortgage/Rent | \$ |
| Second Mortgage/ Home Equity | \$ |
| Property Taxes | \$ |
| Home/Rent Insurance | \$ |
| Home Owner Fees | \$ |
| Other _____ | \$ |

UTILITIES

| | |
|--------------------|----|
| Gas | \$ |
| Electric | \$ |
| Telephone Landline | \$ |
| Cell phones | \$ |
| Internet/ Cable | \$ |
| Water/Sewage | \$ |
| Other _____ | \$ |

TRANSPORTATION

| | |
|----------------------|----|
| All Vehicle Payments | \$ |
| Vehicle Gas | \$ |
| Vehicle Insurance | \$ |
| Vehicle Maintenance | \$ |
| Other _____ | \$ |

SAVINGS

| | |
|---------------------|----|
| Savings/Investments | \$ |
| Emergency Savings | \$ |
| Other _____ | \$ |

DEBT

| | |
|--------------------|----|
| Total Credit Cards | \$ |
| Misc. Debt | \$ |
| Student Loans | \$ |
| Medical Debts | \$ |
| Other _____ | \$ |

LIVING EXPENSES

| | |
|------------------------|----|
| Groceries | \$ |
| Work Lunch | \$ |
| School Lunch | \$ |
| Household/Toiletries | \$ |
| Tobacco/Alcohol | \$ |
| Medical/Life Insurance | \$ |
| Medical/Doctor | \$ |
| Medications | \$ |
| Clothing/Laundry | \$ |
| Hair/Nails | \$ |
| Pet/Medical | \$ |
| Children Allowance | \$ |
| Tuition/Books | \$ |
| Movies/Concerts | \$ |
| Misc. Entertainment | \$ |
| Dining Out | \$ |
| Holidays/Birthdays | \$ |
| Church/Donations | \$ |
| Sports/Recreation | \$ |
| Hobbies | \$ |
| Lottery/Gambling | \$ |
| Childcare/Alimony | \$ |
| Trips/Vacations | \$ |
| Other _____ | \$ |
| Other _____ | \$ |

| | |
|-------------------------------|----|
| TOTAL MONTHLY EXPENSES | \$ |
|-------------------------------|----|

TOTAL MONTHLY INCOME

Include after tax income:
Wages, part time,
government assistance,
Pension, social security, etc.

\$

SUBTRACT

TOTAL MONTHLY EXPENSE

\$

EQUALS

BUDGET SURPLUS/DEFICIT

\$

