



HOME PURCHASE INTAKE FORM

APPLICANT INFORMATION		
First Name:		Last Name:
Mailing Address:		
City:		State: Zip:
Primary Phone:		Primary Best Time To Call:
Secondary Phone:		Preferred Contact Type:
Email:		Do you live in a rural (farmland) area:
Date of Birth:	Gender:	Marital Status:
Household:		Living Status:
Military Status:		Colonias Resident:
Highest Level of Education:		Household Annual Income:
Ethnicity:		Race:
# Of People in Household:		# Of Dependents:
Preferred Language:		Are You Proficient in English:
Who Referred you to Us: (Referral Source)		
Are you a first-time home buyer? Yes _____ No _____		
Do you have a Housing Choice Voucher? Yes _____ No _____		



HOME PURCHASE INTAKE FORM (continued)

APPLICANT EMPLOYMENT INFORMATION			
Are you currently employed? Yes ___ No ___		Self-employed: Yes ___ No ___	
Primary Employer:			
Start Date:		End Date (if applicable):	
Title:		Business Type:	
Monthly Gross Income (before deductions):		Monthly Net Income (after deductions):	
CO-APPLICANT INFORMATION			
First Name:		Last Name:	
Mailing Address:			
City:		State:	Zip:
Primary Phone:		Primary Best Time To Call:	
Secondary Phone:		Preferred Contact Type:	
Email:		Are You Proficient in English:	
Date of Birth:	Gender:	Marital Status:	
Ethnicity:	Race:	Military Status:	
Relationship to Applicant:			
Highest Level of Education:			
CO-APPLICANT EMPLOYMENT INFORMATION			
Are you currently employed? Yes ___ No ___		Self-employed: Yes ___ No ___	
Primary Employer:			
Start Date:		End Date (if applicable):	
Title:		Business Type:	
Monthly Gross Income (before deductions):		Monthly Net Income (after deductions):	



Neighborhood Housing Services of Queens CDC, Inc.
 60-20 Woodside Avenue, LL. Woodside, NY11377
 Tel: 718-457-1017 Fax: 212-301-6633

www.nhsoqueens.org www.thehomeownerconnect.org/nhsq



HOME PURCHASE INTAKE FORM (continued)

PERSONAL BUDGET WORKSHEET			
INCOME		FIXED EXPENSES	
Applicant Employment		Auto Loan	
Co-Applicant Employment		Child Support/Alimony	
Overtime		Credit Cards Payments	
Net Rental Income		Collections	
Other Income: Alimony		Education	
AFDC		Housing Payment	
Bonuses		Installment Loans	
Child Support		Medical	
Commissions		Savings	
Disability / SSI		Utilities	
Foster care		Tax	
Military Income		DISCRETIONARY EXPENSES	
Part Time Job		Charity	
Retirement		Dining	
Unemployment		Entertainment	
Welfare		Food & Groceries	
Withholding		Gift	
Other		Household Expenses	
Other		Transportation	
Other		Pet Expense	
		Clothing	
		Miscellaneous	

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Counselor Signature: _____

Date _____



HOME PURCHASE INTAKE FORM (continued)

SUBJECT PROPERTY INFORMATION	
Street Address: _____	
City: _____	State: _____
Zip Code: _____	
Land Ownership Type: COOP _____ Condo _____ Fee Simple _____	
# of Units: _____	Energy Star Home: Yes _____ No _____
Purchase Price:	\$ _____
Closing Costs:	\$ _____
Other Costs:	\$ _____
Total Cash & Loans Required:	\$ _____

AUTHORIZATION

I further hereby authorize Neighborhood Housing Services of Queens CDC, Inc. (NHSQ CDC), 6020 Woodside Avenue, Lower Level, Woodside, NY11377 to: (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my/our pursuit on a loan to purchase real property; (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and (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; (d) furnish any information regarding my financial status which may assist the program administrator or its affiliates in determining whether my application may be eligible for the program I am applying for. All information released to NHSQ CDC will remain strictly confidential.

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 XVIII, United States Code, Section 1001.

I may be referred to other housing services of NHSQ CDC 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.

I understand that NHSQ CDC provides information and education on numerous loan products and housing programs, and I further understand that the housing counseling I receive from NHSQ CDC in no way obligates me to choose any of these particular loan products or housing programs. I, the client, understand that I am not obliged to receive any other services offered by NHSQ CDC and its subsidiaries or its exclusive partners. NHSQ CDC will provide information on alternative services, programs and products upon request.

Applicant Name (print clearly) _____ **Date** _____

Applicant Signature _____ **Social Security Number** _____

Co-Applicant Name (print clearly) _____ **Date** _____

Co-Applicant Signature _____ **Social Security Number** _____



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HOME PURCHASE COUNSELING AGREEMENT

1. I understand that Neighborhood Housing Services of Queens CDC, Inc. (NHSQ CDC) provides pre-purchase counseling. Upon completion I will receive a written action plan consisting of recommendations for handling my home finances, including possible referrals to other housing agencies as appropriate.

2. I understand that NHSQ CDC receives funding from US Department of Housing and Urban Development (HUD), the Neighborhood Preservation Coalition (NPP), the NYS Energy Research and Development Authority (NYSERDA), the City of New York, the Center for New York City Neighborhoods (CNYCN), and other foundations, private organizations, and financial institutions for the pre-purchase program and, as such, are required to share some of my personal information with the funding administrators or their agents for purposes of program monitoring, compliance, and evaluation.

3. I give permission for program administrators and/or their agents to pull my credit report and to follow-up with me for the purposes of program evaluation.

4. I acknowledge that I have received a copy of NHSQ CDC Privacy Policy.

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____



CLIENT/COUNSELOR CONTRACT

Neighborhood Housing Services of Queens CDC, Inc. and its counselors agree to provide the following services:

1. Development of an action plan.
2. Analysis of my home situation, including but not limited to finances, mortgage, insurance and other applicable factors.
3. Presentation and explanation of reasonable options available to the homeowner.
4. Assistance communicating with applicable providers and other creditors.
5. Timely completion of promised action.
6. Explanation of the process of the program I am applying for.
7. Identification of assistance resources.
8. Referrals to needed resources.
9. Confidentiality, honesty, respect, and professionalism in all services.

I / We _____ agree to the following terms of service:

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will provide all necessary documentation and follow-up information within the timeframe requested.
3. I/We will be on time for appointments which are between 45 to 60 minutes and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
4. I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend an appointment.
5. I/We will contact the counselor about any changes in our situation immediately.
6. I/We understand that breaking this agreement may cause the counseling organization to cease to provide its service assistance to me/us

Borrower Signature _____

Date _____

Co-Borrower Signature _____

Date _____

Counselor Signature _____

Date _____



PRIVACY POLICY and PRACTICES

Neighborhood Housing Services of Queens, CDC, Inc. 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 managers, and others only with your authorization and signature. 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:

1. Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income;
2. 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
3. Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

1. You can “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 contact us at (718) 457-1017 at anytime.

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 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.

I acknowledge that by clicking “Yes, I agree” below that I have read and understand the electronic version of this document through the NHS of Queens CDC, Inc client portal “www.thehomeownerconnect.org/nhsq” and that it serves as my signature and proof of having received a copy of this Privacy Act page.

I agree and do not wish to “Opt-out” _____

I do want to “Opt-out” _____

Client Signature (Type in your full name) _____

Date _____



DISCLOSURE STATEMENT TO CLIENTS

Neighborhood Housing Services of Queens CDC, Inc. (NHSQ CDC) provides the following programs and services:

- Housing Counseling including:
 - Homebuyers Education and Counseling - provides for home buyer education to first-time home buyers and for assessment and guidance (counseling) throughout the process of home buying;
 - Post-Purchase/Rehab Education and Counseling - provides for education, for assessment and guidance (counseling) to homeowners on how to maintain their home, prevent default and assistance with obtaining loans/grants for repairs or with a refinance;
 - Foreclosure Prevention Education and Counseling - provides for foreclosure prevention education, for assessment and guidance (counseling) during the process of curing a mortgage/other liens (property taxes) default;
 - Financial Capability Education and Counseling - provides financial education to individuals and for assessment and guidance (counseling) throughout the process of attaining financial stability.
- Down Payment Assistance Programs - this program assists first-time homebuyers of low-moderate income with closing cost and/or down payment grants to purchase a home.
- Emergency Home Repair Loans - this program provides grants to homeowners of low-moderate income so they can do necessary repairs to cure unsafe or unhealthy conditions in their homes.

Funding Disclosure

NHSQ CDC is funded through a variety of sources to support its mission. These funding sources include US Department of Housing and Urban Development (HUD), the NYS Attorney General’s Office, the NYS Affordable Housing Corporation (AHC), the NYS Energy Research and Development Authority (NYSERDA), the City of New York, the Center for New York City Neighborhoods (CNYCN), and other foundations, private organizations, and financial institutions. Attached hereto NHSQ provides you with a list of our funders.

These programs/services may also be offered by other providers and clients are under no obligation to choose any of these particular loan products or housing programs that are provided through NHSQ CDC. I, the client, understand that I am not obliged to receive any other services offered by NHSQ CDC or its exclusive partners. NHSQ CDC attaches hereto a community resources list with information on alternative services, programs and products.

I understand that my name will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by relevant funders including but not limited to the Department of Housing and Urban Development (HUD), the New York State Office of the Attorney General, the NYS Affordable Housing Corporation, the NYS Energy Research and Development Authority (NYSERDA), the City of New York Center and the for New York City Neighborhoods.

I acknowledge that by clicking “Yes, I agree” below that I have read and understand the electronic version of this document through the NHS of Queens CDC, Inc client portal “www.thehomeownerconnect.org/nhsq” and that it serves as my signature and proof of having received a copy of this Disclosure page.

Client Signature (Type in your full name) _____

Date _____

Counselor Signature: _____

Date: _____



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AUTHORIZATION FOR CREDIT REPORT

I, the undersigned, do hereby authorize Neighborhood Husing Services of Queens CDC, Inc. (NHSQ CDC), to draw my credit report and, if necessary, share the information with a regulated financial institution. I understand that the information obtained will be used for the purpose of a loan evaluation or pre-qualification.

APPLICANT

If married less than two years, or if known by another name, please indicate. Please note if you are a Jr., Sr., or III.

NAME: _____

ADDRESS: _____

If at above address less than two years, please indicate previous address:

SOC. SEC. NUMBER: _____

MARITAL STATUS: _____

SIGNATURE: _____

DATE: _____

CO-APPLICANT

If married less than two years, or if known by another name, please indicate. Please note if you are a Jr., Sr., or III.

NAME: _____

ADDRESS: _____

If at above address less than two years, please indicate previous address:

SOC. SEC. NUMBER: _____

MARITAL STATUS: _____

SIGNATURE: _____

DATE: _____

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COUNSELING FEE DISCLOSURE

Date: _____

Applicant: _____

Co-Applicant: _____

Current Address: _____

You will be charged a **non-refundable Counseling Fee** of \$75.00 for the service that you are requesting. This fee will be applied to the cost of one-on-one meetings with a counselor to discuss the criteria and process of buying a home including determining affordability, creating a budget, reviewing credit reports, and learning about pre-closing and post-closing requirements, and the cost of obtaining a credit report.

Credit Report:	\$25.00
Counseling Service:	\$50.00

 Borrower's Signature

 Co-Borrower's Signature

Donneil Reed-Harris
 Program Manager