

West Side Neighborhood Housing Services Housing Counseling Intake Form

Customer Profile					
Name:	Date of Birth:	Age:			
Address:	City:	State:	Zip:		
Primary Phone:	Email:				
Language spoken:	Active military? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried couple					
Highest Level of Education: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year Degree <input type="checkbox"/> 4-Year <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational Training Enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Household Composition					
Type of Household: <input type="checkbox"/> Single Adult <input type="checkbox"/> Married w/Children <input type="checkbox"/> Married, No Children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Female-headed single parent household <input type="checkbox"/> Male-headed single parent household					
Current Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Living with family not paying rent <input type="checkbox"/> Cooperative Housing <input type="checkbox"/> Homeless Other: _____					
Number of People In Household: _____ Disabled? Yes No Disabled Dependent? Yes No					
Financial Information					
<i>Please answer to the best of your ability, regardless of your stage in the home-buying process.</i>					
Annual Household/Family Income: \$_____ Monthly Household/Family Income: \$_____					
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No How much do you currently pay per month for rent? \$_____					
Ideal monthly mortgage payment? \$_____ Purchase price range (i.e. \$65,000 – \$85,000)? _____					
Do you have any savings? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, about how much? \$_____					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> What kind of service do you need? <input type="checkbox"/> Down Payment loan or grant application <input type="checkbox"/> Financial Fitness(Credit) Course <input type="checkbox"/> Homebuyer education <input type="checkbox"/> Landlord Education </td> <td style="width: 50%; border: none; vertical-align: top;"> Do you know your FICO score? <input type="checkbox"/>Yes <input type="checkbox"/>No How soon do you hope to buy? <input type="checkbox"/> Within 6 months <input type="checkbox"/> Within 1 Year <input type="checkbox"/> Within 2 Years </td> </tr> </table>				What kind of service do you need? <input type="checkbox"/> Down Payment loan or grant application <input type="checkbox"/> Financial Fitness(Credit) Course <input type="checkbox"/> Homebuyer education <input type="checkbox"/> Landlord Education	Do you know your FICO score? <input type="checkbox"/> Yes <input type="checkbox"/> No How soon do you hope to buy? <input type="checkbox"/> Within 6 months <input type="checkbox"/> Within 1 Year <input type="checkbox"/> Within 2 Years
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Have you spoken to anyone at a bank? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently on a deed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you enrolled in First Home Club program with a lender? <input type="checkbox"/> Yes <input type="checkbox"/> No Lender name: _____					
NOTES:					

Demographic Data

Because WSNHS receives federal funding to provide housing counseling, we are required to track demographic data. This data is kept strictly confidential and is used solely for reporting.

I do not wish to furnish this information (initials) _____

Are you a U.S. Citizen? Yes No **If no, what is your resident status?** Legal Permanent Resident
 Other _____

If no, what is your country of origin? _____

Gender: Male Female **Are you/co-applicant disabled?** Yes No

Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Asian White
 Black or African American Multiracial **Ethnicity:** Hispanic or Latino Not Hispanic or Latino

Employment History

Employer _____ Address _____
Phone _____ Position _____
Date of Hire _____ How Paid? Weekly Bi-weekly Semi-Monthly Monthly

****If less than 2 years at above please list below**

Employer _____ Address _____
Phone _____ Position _____
Date of Hire _____ How Paid? Weekly Bi-weekly Semi-Monthly Monthly

Contacts

Loan Officer: _____ Attorney: _____

Bank/Mortgage Co: _____ Firm: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

***Please note: anyone that will be using our services must fill out this form in its entirety. This form is the intake for all of our home purchase and financial programs.**



West SideNHS

www.WSNHS.org



West Side Neighborhood Housing Services

359 Connecticut Street · Buffalo, NY · 14213 · Phone (716) 885-2344 · Fax (716) 885-2346

Housing Counseling Disclosure & Agreement

1. I understand that West Side Neighborhood Housing Services, Inc. (WSNHS) provides Housing Counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies, legal service providers, and/or specific loan products or programs as appropriate. **I understand that I am under no obligation to use the suggested services and am free to make housing choices regardless of counselor recommendations.**
2. I understand that WSNHS **does not charge fees** for its housing counseling services. These services will be **provided to me free of charge**. I further acknowledge that I have not paid fees to WSNHS and/or any of its employees for counseling services.
3. I understand that WSNHS **cannot guarantee** the resolution I want, but will work diligently towards that goal.
4. I understand WSNHS **will close my case file after three failed attempts to communicate with me via email, telephone, and/or U.S. postal mail**. I also understand that I have the option to request a copy of my file. I further understand that if I am late for an appointment, WSNHS reserves the right to reschedule that appointment, or agree to complete the counseling session within a condensed time frame.
5. I understand that WSNHS may receive Congressional funding through NeighborWorks America (NW), the National Foreclosure Mitigation Counseling (NFMC) program, and the US Department of Housing and Urban Development (HUD). State funding may be received through the NYS Department of Financial Services (NYSDFS), the NYS Department of Homes and Community Renewal (NYSHCR) and the Office of the New York Attorney General, Homeownership Protection Program (NYAG HOPP). West Side Neighborhood Housing Services may share some of my personal information with NW, NFMC, HUD, NYSDFS, NYSHCR and NYAG HOPP program administrators and their agents for purposes of program monitoring, compliance, and evaluation.
6. I give permission for NW, NFMC, HUD, NYSDFS, NYSHCR and NYAG HOPP program administrators and/or their agents to follow up with me for program evaluation.
7. I understand WSNHS provides information and education on numerous loan products and housing programs. I further understand that the housing counseling I receive from West Side Neighborhood Housing Services does not obligate me to choose any of these particular loan products or housing programs.



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Housing Counseling Disclosure & Agreement (Continued)

8. I may be referred for other services provided by WSNHS or its affiliates, or to another agency or agencies, as appropriate, when they 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 or to which I have been referred.
9. A counselor may answer questions and provide information, but not give legal advice. If I need legal advice, I will be referred for appropriate assistance.
10. I give WSNHS permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that WSNHS is a non-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against WSNHS, Black Rock-Riverside Neighborhood Housing Services and its employees.
11. I acknowledge that I have received a copy of the WSNHS Privacy Policy.
12. I have reviewed and understand the above Housing Counseling Disclosure & Agreement.

Client Signature

Date

Client Signature

Date



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Privacy Policy

West Side Neighborhood Housing Services 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 monitors, and others only with your authorization and signature on the Housing Counselor 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;
- 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:

- You have the opportunity to “**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.
- 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 call us at (716) 885-2344 and do so.

Release of your information to third parties:

- 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.
- 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).
- 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.



West Side & Black Rock-Riverside Neighborhood Housing Services

AUTHORIZATION AND CONSUMER STATEMENT OF UNDERSTANDING

West Side NHS is an independent, not-for-profit corporation which does not directly or indirectly represent any branch of State or local government, or any private sector entity. I (We), by signing below, agree to hold harmless and indemnify West Side NHS and its employees, agents, members, officers and directors in connection with all acts and services performed under agency programs. I (We) also give West Side NHS permission **to contact our lender regarding our real estate transaction and authorize my lender to release details of my home purchase and/or lending transaction, including but not limited to the Loan Estimate, Closing Disclosure, Promissory Note and Mortgage.**

Authorization is hereby granted to West Side Neighborhood Housing Services, Inc. (hereinafter referred to as "NHS") **to obtain a consumer credit report through a credit reporting agency chosen by NHS.** I understand and agree that NHS intends to use the consumer credit report for the purpose of evaluating my financial readiness to buy a home, to consider me for a rehabilitation loan or to provide me with mortgage default or delinquency counseling.

I authorize my employers, past and present, **to complete Verifications of Employment and to release employment information as requested.** My banks and financial institutions are authorized **to complete Verifications of Deposit and other pertinent information as requested by NHS.** The consumer is advised to retain the services of a professional home inspector, if he/she/they wish to receive a formal opinion of a resident property he/she/they are considering for purchase.

Any written and/or oral recommendations are educational in nature and advisory only, and do not constitute a formal or legal opinion of any form.

ACKNOWLEDGMENT

I (we) acknowledge that I (we) have this date read and understand the above statements:

Participant/Customer/Borrower

Date

Participant/Customer/Borrower

Date



West Side Neighborhood Housing Services

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West Side NHS, Inc. Fee Disclosure

West Side NHS is a HUD-certified secondary lender, and all counselors are certified by NeighborWorks America after rigorous and continual training.

I/We have been made aware of the fees associated with the Homeownership Programs offered by West Side NHS, as listed below. Further, I understand that for the purpose of home purchase counseling, a credit report will be requested on my behalf.

SUMMARY OF PROGRAM FEES*

Credit Report	Up to \$25
Home Buyer Education (8 hr. class)	\$65.00 (max 2 people)
E-Home America online classes	\$99.00 (max 2 people)
Landlord Training class	\$25 (max 2 people)
Closing Cost Loan Application Fee	\$100.00 (non-refundable)

(*Please be advised that electronic payments via PayPal are subject to additional fees)

I understand that fees are subject to change. In addition, West Side NHS does not provide change for cash payments.

Client has an equal opportunity to obtain a mortgage from a reputable lending institution of their choosing. West Side NHS will not steer toward nor offer any recommendation for mortgage lending, and will advise on no fewer than three mortgage products; however, the final decision is up to the borrower(s).

By signing below, I acknowledge receipt of the information above, and confirm that there have been no other monies exchanged.

Client

Date

SPENDING PLAN

INCOME	
Net Monthly Salary – Borrower	
Net Monthly Salary – Co-borrower	
Social Security / SSD / SSI	
Pension	
Alimony or Child Support	
Self-Employment Income	
Down payment / Emergency Savings	
Total Monthly Net Income:	

FLEXIBLE EXPENSES	
Food	
Groceries	
School Lunches	
Work Related Lunches	
Cleaning Supplies	
Home Maintenance (plowing, lawn care)	
Clothing	
Laundry and Dry Cleaning	
Total Flexible	

FIXED EXPENSES	
Housing	
Mortgage or Rent	
Heating	
Electricity	
Telephones (Land and/or Cell)	
Cable and/or Internet	
Insurance	
Health (medical and dental, not payroll deducted)	
Life	
Disability	
Auto	
Total Expenses:	

Medical	
Doctor	
Dentist	
Prescriptions	
Total Medical:	

Personal	
Barber or Beauty Shop	
Toiletries	
Allowances	
Tobacco Products	
Beer, Wine, Liquor	
Other	
Total Necessities:	

Dependent Care	
Dependent Care	
Child Support Payments	
Tuition	
Total Dependent Care:	

Transportation	
Car Payment(s)	
Gasoline	
Car maintenance	
Total Transportation:	

PERIODIC EXPENSES	
Renter's Insurance	
Water/Sewer	
Trash Fee	
Savings	
Other	
Total Periodic Expenses:	

Miscellaneous	
Dining Out	
Charities/Church	
Pets	
Social Memberships (Gym, Social Clubs)	
Total Miscellaneous:	

Debts	
Student Loan	
Credit Card	
Total Debts:	

Total Monthly Net Income:	
Total Expenses:	
Total Surplus or Deficit (income minus expenses):	

FUNDS AVAILABLE MONTHLY (Surplus or Deficit)	
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