

West Side Neighborhood Housing Services Housing Counseling Intake Form

Customer Profile

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Language spoken:** _____

Email: _____ **Social Security Number:** _____ - _____ - _____

Best Method of Contact : Primary Phone Alternate Phone Email Other _____

Age: _____ **Date of Birth:** _____ **Are you active military?** Yes No **Veteran?** Yes No

Relationship Status: Single Married Divorced Separated Widowed Unmarried couple

Household Composition

Type of Household: Single Adult Married w/Children Married, No Children Two or more unrelated adults
 Female-headed single parent household Male-headed single parent household

Number of People In Household: _____ **Disabled?** Yes No **Disabled Dependent?** Yes No

Financial Information

Please answer to the best of your ability

Monthly Household/Family Income: \$ _____ **Are you self-employed?** Yes No

How much do you currently pay per month for mortgage/ rent? \$ _____

What is the max you would want to spend on a monthly mortgage payment? \$ _____

Have you saved what you would pay to your mortgage, if so about how much? \$ _____

Have you ever declared bankruptcy? Yes No

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

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

FUNDS AVAILABLE MONTHLY (Surplus or Deficit)	
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West Side Neighborhood Housing Services
359 Connecticut Street · Buffalo, NY · 14213 · Phone (716) 885-2344 · Fax (716) 885-2346

Client Checklist

Please bring copies of the following documents with you to your Mortgage Counseling appointment. Delay in receiving these documents could result in delay in foreclosure prevention services. We will not submit any application(s) that are not complete.

- Photo ID:** Drivers License, Non-Drivers License, Military ID or Passport
- Proof of Income** Pay stubs for the last 30 days for all adult household members, Benefit letter, Unemployment, Social Security, Alimony, Child Support Order. If self-employed, the last 2 years of Federal Tax returns, year to date & loss statement and W-2s
- Last three Months Bank Statement(s) for all accounts** (Checking, Savings, CDs, IRAs, Retirement/Investment and 401k)
- Completed budget and expense list (included in this packet)**
- Most recent monthly mortgage statement or document from the loan servicer indicating account number and contact information**
- A hardship letter** written and signed by all borrowers in your own words outlining the reason for default. Please include the following:
 - State whether the issue is resolved or unresolved
 - If resolved, describe how it was resolved and how you will afford obligations going forward.
 - If unresolved (such as a loss of employment)? What steps are you taking?
 - Only write five sentences maximum in order to keep facts highlighted
 - State your intent. "I do/do not wish to stay in my home."
- Any communication or plan application received from the Courts, Bank/Servicer and/or its Attorneys regarding the delinquency**
- Recent bankruptcy paperwork (if applicable)** **Credit Report**
- Copies of your most recent utility bills with the name and property address clearly visible** (Electric, Natural Gas, Water, Garbage, Sewage)
- Proof of Homeowners Insurance & Taxes**
- Mortgage Loan documents** (Application Form 1003, Note, Mortgage, Deed of Trust, HUD-1 Settlement Statement, and Truth in Lending Disclosure)

If you are unable to keep your scheduled appointment, please contact West Side Neighborhood Housing Services to reschedule as soon as possible.





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 loss mitigation transaction, including but not limited to Closing Disclosure, Promissory Note and Mortgage.**

CLIENT NAME: _____

LAST FOUR DIGITS SSN#: _____

SERVICER/ COMPANY NAME: _____

LOAN NUMBER: _____

PROPERTY ADDRESS: _____

AUTHORIZED PERSON(s): _____

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 default counseling.

I authorize my employers, past and present, **to complete Verifications of Employment and to release employment as requested.** My banks and financial institutions are authorized **to complete Verifications of Deposit and priced other 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 education in nature and advisory only, and do not constitute a formal or a legal opinion of any nature.

ACKNOWLEDGMENT

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

Participant/Client/Borrower PRINT/SIGNATURE

Date



West Side Neighborhood Housing Services

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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.



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HOUSING COUNSELING DISCLOSURE FORM

West Side Neighborhood Housing Services, Inc. (West Side NHS) provides housing counseling to anyone regardless of race, marital status, religion, and gender or income level at no charge. The purpose of West Side NHS is to provide counseling to help clients with their housing needs. The counselor may help analyze clients financial and/or credit situation, identify barriers to affordable housing, and develop a plan to remove barriers. The counselor may also provide assistance in debt management by helping clients prepare a monthly, manageable budget and spending plan. It will not be the responsibility of the counselor to “fix” the problem, but rather to provide guidance and education which may enable clients to resolve their personal financial challenges. In providing Housing Counseling services, housing counselors may present to their clients several options in pursuing housing, which may include recommendations for some of West Side NHS other various housing programs. The housing counselor will recommend only services that are in the client’s best interest.

West Side NHS provides the following services:

- Home Ownership Services
- Homebuyer Education Classes
 - Financial Fitness Classes
- Closing Cost Assistance Loans
- Administration of City Programs
- Home Improvement Lending
- Construction Management
- Foreclosure Prevention Counseling

As the client, you have the right to choose the product or service that you feel is right for you, regardless of any recommendation made by the counselor. Your decision to utilize or not utilize certain programs and products will not affect your housing counseling service.

I, the undersigned, have been given a copy of this disclosure and understand West Side NHS policy regarding conflict of interest as stated above.

_____	_____
Client Signature	Date
_____	_____
Client Signature	Date
_____	_____
Counselor Signature	Date