

Homeownership Program

PROFILE INTAKE FORM

Dear Prospective Client:

Thank you for your interest in our Homeownership Program. You've taken a big first step! NHS Brooklyn is here to assist you in making homeownership a success.

NHS Brooklyn is a not-for-profit, community-based housing organization, established in 1982. Dedicated to serving the housing needs of Brooklyn residents, our mission is to revitalize communities through lending programs and financial educational services, one of which is our First-Time Homebuyer Program.

The Homeownership Program is designed to support low-to moderate-income households and beyond to realize their dream of homeownership. We offer informational seminars and webinars; down-payment and closing-cost assistance; one-on-one counseling; mortgage referral services; credit check; financial education; a 10-hour home-buyer course; and more.

To begin the process to obtain your Certificate of Completion for Home Buyer Education, please:

- Complete this Intake Form
- Gather all required documents.
- Pay the fee: Visit www.nhsbrooklyn.org and select the home-buyer education option to pay \$75 for the first two people purchasing the home and \$25 for each additional person purchasing the home.
- Submit the Intake Form and all required documents via one of the following methods:
 - **Email them** to homeownershipdept@nhsbrooklyn.org (preferable) **OR**
 - **Mail them** to NHS Brooklyn, Attn: Homeownership Dept., 2806 Church Avenue, Brooklyn, NY 11226 **OR**
 - **Drop them off at our East Flatbush or Canarsie** office Monday to Friday 9am to 5pm

Once you have submitted your paperwork and fee, a homeownership counselor will call you to schedule a telephone counseling session that will include a Financial Analysis. The Financial Analysis lets us determine your credit health, establish short- and long-term goals, identify possible closing-cost and down-payment assistance, and see how else we can assist you.

We strongly recommend that clients receive one-on-one counseling and a financial analysis FIRST, before enrolling in our Homebuyer Education Course, because the course certificate expires, and clients often need time to address issues with credit and other matters that arise during one-on-one counseling.

Incomplete packages will not be accepted!

If you have any questions, please contact the Homeownership Department at 718-469-4679, ext. 1206. We are looking forward to assisting you with your home-buying needs.

Sincerely,
Program Manager

Homeownership Program

DOCUMENTS REQUIRED FOR COUNSELING

Please note: **ALL DOCUMENTS** listed below must be submitted for **ALL PERSONS** who will be purchasing the property **PRIOR** to your one-on-one counseling session.

Incomplete packages will not be accepted!

1. Non-refundable \$75 fee, submitted through our website (Step 1 on www.nhsbrooklyn.org/buying-first-home) OR in person via Money Order made out to NHS Brooklyn. NO CHECKS.
2. Completed and signed **Intake Form**
3. PHOTOCOPIES (no originals and we do not make copies!) of the following documents for all applicants:
 - a. Applicants who receive a SALARY must submit:
 - Federal and State Income Tax Returns-2 most recent years with all schedules and W2s (and 1099s, if any)
 - Bank statements - 3 most recent, all pages for all checking and savings accounts, even if the page is "blank" and even if the account is inactive.
 - Paystubs for all income sources--4 most recent if paid weekly, 2 most recent if paid bi-weekly.
 - If have past credit problems, submit proof of payoff(s) and/or satisfaction, such as receipts, cancelled checks, letters of satisfaction, or settlement letters.
 - b. Applicants who are SELF-EMPLOYED must submit:
 - Federal and State Income Tax Returns-2 most recent years with all schedules, W2s, and 1099s
 - Year-to-date Profit and Loss Statement (P&L)
 - Personal bank statements-3 most recent, all pages for all accounts (checking and savings)
 - For past credit problems, submit proof of payoff(s) and/or satisfaction, such as receipts, cancelled checks, letters of satisfaction, or settlement letters.
 - Explanation letter regarding past or current delinquency

Incomplete packages will not be accepted!

FREQUENTLY ASKED QUESTION

ABOUT SUBMITTING A PACKET FOR FIRST-TIME HOMEOWNERSHIP COUNSELING

To start the homebuyer education process, submit a packet for one-on-one counseling. A packet consists of a completed Intake Form (available on our website), copies of all necessary documents, and payment, and are processed in the order in which they are received.

Copies only. Submit copies of all pages of required documents. We do not accept originals and we do not make copies. Do not black out anything on any document, or it will be considered altered and cannot then be accepted.

- **W-2 and 1099 forms for the previous 2 years.** If submitting between Jan. 1 and Apr. 15, and you have already submitted your taxes, submit documents for last year and the year before. If submitting between Jan. 1 and Apr. 15, and you have NOT yet submitted your taxes, submit documents for two and three years before this year. If submitting after Apr. 15, submit for the previous year and one year prior. Submit documents for all applicants.
- **Paystubs.** Submit 2 of your most recent paystubs if you are paid every other week, and 4 if paid every week. Do not skip weeks; paystubs must be consecutive.
- **Co-applicants.** Anyone purchasing the home with the Applicant is a Co-Applicant. Each Co-Applicant must complete the Co-applicant info (p. 2) and budget pages (p. 3), and sign and date the authorization and privacy statement (p. 4). Co-applicants must also submit copies of all required documents.
- **Payment on our website using PayPal.** The \$75 fee is for one or two applicants. Add \$25 for each additional person who will be on the mortgage. Payments are non-refundable. If you do not have a PayPal account, you may use the site as a Guest. You may also submit a money order in person with your packet (Intake Form and Documents).
- **Bank pre-approval.** Do not go to a bank for pre-approval of a loan before receiving counseling, as doing so will lower your credit score, may not be the best kind of mortgage for the type of property you want to buy, may not be the best terms you can get, and may not be with a bank with whom we work to provide down-payment and closing-cost grants.
- **Credit report.** Your counselor will do a "soft pull" of your credit history, which will not lower your credit score. Do not pull your own credit report and do not include one in your packet.

Check your packet for completeness. Please check your packet for completeness before submitting. Incomplete packets cause delays and may be refused.

3 Ways to Submit your Packet (Intake Form, proof of payment, and documents)

- **EMAIL.** Pay on our website at www.nhsbrooklyn.org/buying-first-home, then scan and email your packet to homeownershipdept@nhsbrooklyn.org
- **MAIL.** Pay on our website at www.nhsbrooklyn.org/buying-first-home, then mail your packet to our East Flatbush office at NHS Brooklyn, Homeownership Department, 2806 Church Avenue, Brooklyn, NY 11226
- **DROP OFF IN PERSON.** Bring your packet and payment Monday through Friday between 9am and 5pm to 2806 Church Ave., Brooklyn, NY 11226. We are half a block from the 2 & 5 Church Avenue subway and on the B35 bus line.

After submission of your packet. Once you submit your packet and it is found to be complete, a counselor will contact you to set up a one-on-one telephone counseling session to determine your mortgage-readiness and next steps.

Financial coaching. We encourage all clients, regardless of mortgage-readiness, to attend one of our monthly Financial Coaching Webinars. Register for an upcoming date at www.nhsbrooklyn.org/upcoming-events

NOTE: If you wish to purchase a home outside one of the 5 NYC boroughs (Brooklyn, Queens, Bronx, Manhattan, Staten Island), you may prefer to search www.hud.gov for a HUD-certified housing nonprofit that serves the county where you wish to buy and that offers a pre-purchase homeownership education program.



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APPLICANT INFORMATION

Today's date: ___/___/___ How did you hear about NHS Brooklyn (friend, internet search, Facebook, etc.)? _____

First Name: _____ Last Name: _____ D.O.B: _____ Age: _____

Address: _____ Apt: ___ City: _____ State: ___ Zip Code: _____

Previous address if less than two years: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Gender: Male Female Female single head of household: Yes No

Marital Status (choose one): Married Single Separated Widowed Divorced.

Veteran: Yes No Active military: Yes No Disabled: Yes No

Is your current address a NYCHA property?
Yes No

Race: Black/African American White/Caucasian Native American Asian Pacific Islander Other: _____

Highest Level of Education (choose one): College Vocational High School/GED Primary School None.

Current Housing (choose one): Homeowner with mortgage Homeowner without mortgage Renter Other: _____

Total number of people who will live in new home: ___ Number of children 17 & under who will live in new home: ___

First-time Homebuyer (choose one): Yes No Your Gross Annual Income: \$ _____

Total gross income of all people who will live in the new home: \$ _____

EMPLOYMENT

Applicant's Primary Employer: _____ Job Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

Applicant's Secondary Employer: _____ Job Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____



Homeownership Program

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HOUSING GOALS

Desired property type (1 family, coop, condo, multi-family): _____

When looking to purchase: _____ Where: _____

CO-APPLICANT INFORMATION

Co-Applicant First Name: _____ Last Name: _____ D.O.B: _____ Age: _____

Address: _____ Apt: _____ City: _____ State: _____ Zip Code: _____

Previous address if less than two years: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Gender: Male Female Female single head of household: Yes No

Marital Status (choose one): Married Single Separated Widowed Divorced.

Veteran: Yes No Active military: Yes No Disabled: Yes No

Ethnicity- Hispanic Yes No Foreign born: Yes No Proficient English Speaker? Yes No

Race: Black/African American White/Caucasian Native American Asian Pacific Islander Other: _____

Highest Level of Education (choose one): College Vocational High School/GED Primary School None.

Current Housing (choose one): Homeowner with mortgage Homeowner without mortgage Renter Other: _____

First-time Homebuyer (choose one): Yes No Your Gross Annual Income: \$ _____

Is your current address a NYCHA property?
Yes No

EMPLOYMENT

Co-Applicant's Primary Employer: _____ Job Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

Co-Applicant's Secondary Employer: _____ Job Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

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HOUSEHOLD BUDGET

Applicant MONTHLY Gross Income (before taxes)

Applicants monthly pay _____
 Applicants overtime _____
 Other earnings (explain) _____
 Alimony \$ _____
 Bonuses \$ _____
 Child Support \$ _____
 Commissions \$ _____
 Disability \$ _____
 Foster Care \$ _____
 Interest \$ _____
 Military \$ _____
 Part-time work \$ _____
 Pensions \$ _____
 Public assistance \$ _____
 Rental Income \$ _____
 Social Security \$ _____
 SSI \$ _____
 Unemployment \$ _____
 Other income \$ _____

**Total MONTHLY Gross Income of all adults
who live in the new home: \$ _____**

Household Expenses (monthly averages)

Fixed expenses

Auto: a. Gas \$ _____
 b. Repairs \$ _____
 c. Insurance \$ _____
 d. Auto loan \$ _____
 Child Support/Alimony \$ _____
 Credit Cards \$ _____
 Credit Collections \$ _____
 Education \$ _____
 Housing payment \$ _____
 Installment loans \$ _____
 Insurance \$ _____
 Medical, dental, pharmacy \$ _____
 Savings \$ _____
 Taxes \$ _____
 Telephone and cable \$ _____
 Utilities \$ _____
 Other reoccurring expense \$ _____

Co-Applicants MONTHLY Gross Income (before taxes)

Co-Applicants base pay \$ _____
 Co-Applicants overtime \$ _____
 Net rental income \$ _____
 Other earnings (explain) \$ _____
 Alimony \$ _____
 Bonuses \$ _____
 Child Support \$ _____
 Commissions \$ _____
 Disability \$ _____
 Foster Care \$ _____
 Interest \$ _____
 Military \$ _____
 Part-time work \$ _____
 Pensions \$ _____
 Public assistance \$ _____
 Rental Income \$ _____
 Social Security \$ _____
 SSI \$ _____
 Unemployment \$ _____
 Other income \$ _____

Discretionary Monthly Expenses

Charity \$ _____
 Clothing \$ _____
 Daily work expenses \$ _____
 Dining Out \$ _____
 Entertainment \$ _____
 Food and groceries \$ _____
 Gift \$ _____
 Household items \$ _____
 Pet expenses \$ _____
 Transportation (bus, train) \$ _____
 Travel \$ _____
 Miscellaneous \$ _____
 Other: _____ \$ _____

Total Household Expenses \$ _____

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AUTHORIZATION

APPLICANT

I authorize Neighborhood Housing Services of Brooklyn, CDC, Inc. to: (a) pull my credit report to review my credit file for housing counseling in connection with my pursuit on a loan to purchase real property; (b) pull my credit report and review my credit file for informational inquiry purposes; and (c) obtain a copy of the Closing Disclosure, Appraisal, and Real Estate Note(s) when I purchase a home from the lender who made me a loan and/or the title company that closed the loan.

I 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 18, United States Code, Section 1001.

PRINT Applicant Name: _____ Applicant Signature: _____ Date: _____

CO-APPLICANT

I authorize Neighborhood Housing Services of Brooklyn, CDC, Inc. to: (a) pull my credit report to review my credit file for housing counseling in connection with my pursuit on a loan to purchase real property; (b) pull my credit report and review my credit file for informational inquiry purposes; and (c) obtain a copy of the Closing Disclosure, Appraisal, and Real Estate Note(s) when I purchase a home from the lender who made me a loan and/or the title company that closed the loan.

I 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 18, United States Code, Section 1001.

PRINT Co-Applicant Name: _____ Co-Applicant Signature: _____ Date: _____

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PRIVACY POLICY and PRACTICES

Neighborhood Housing Services of Brooklyn 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 person 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 data, and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally and 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.
- Information we receive from a credit reporting agency, such as your credit history.

You may opt out of certain disclosures:

- You may opt out of disclosures of your nonpublic personal information to third parties (such as your creditors); that is, you may 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 to opt out or not, please contact us.

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 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.

I acknowledge that I have read and agree to the above, and that I have been informed of the fee associated with this service.

Applicant: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



Home Buying Counseling Program Program Disclosure

Purpose of Housing Counseling

I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to assist customers through the homebuying process. The counselor will analyze my/our financial and credit situation, identify if there are any barriers preventing me/us from obtaining affordable mortgage financing and help develop a plan to remove those barriers. I/We further understand that it will not be the responsibility of the counselor to fix any financial problems for me/us, but rather, the counselor will provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Mortgage Financing Assistance

After the counselor has analyzed my/our financial and credit situation and determines that there are no barriers, the counselor will refer my file to up to 3 participating lenders for review. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that NHS Brooklyn does not guarantee that I/we will receive mortgage financing from the chosen lender.

Eligible Criteria

I/We understand that NHS Brooklyn provides counseling and education to first-time home buyers.

Homeownership Education Classes

I/We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes.

Downpayment/Closing Cost Assistance Programs

Funds are used for downpayment and/or closing costs.

- HPD HomeFirst
- SONYMA
- Other Lenders assistance

Customer's Responsibility

I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. There is no obligation to receive, purchase, or use any product or service offered by this agency, or any services of its industry partners or other party, in exchange for your receiving HUD housing counseling services.

Applicant Signature: _____

Date _____

Co-Applicant Signature: _____

Date _____

Home Buying Counseling Program

CLIENT/COUNSELOR CONTRACT

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

1. Development of an action plan
2. Analysis of financial condition for home purchase
3. Presentation and explanation of alternatives of mortgage products
4. Timely completion of promised action
5. Referrals to needed resources
6. 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 and 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.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Fee Disclosure and Receipt

Date:

Applicant:

Co-Applicant:

Address:

This is a **Nonrefundable Fee** of **\$75.00** for the service that you are requesting that will be applied to the initial processing of your intake. This letter serves as a receipt.

Applicant Signature

Co-Applicant Signature

.....
Counselor

AUTHORIZATION FOR CREDIT REPORT

I, the undersigned, do hereby authorize NHS Brooklyn to request a credit report on me. Upon my request, I shall be furnished with the name and address of the consumer reporting agency that provided the information. I further understand that the information will be used for, but not limited to, mortgage evaluation and pre-qualification.

APPLICANT:

If married less than two years, or if you have been known by another name, please indicate this. Also, indicate if you are Jr. Sr, or III.

Name: _____ Also known as: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Marital Status: _____

IF AT THE ABOVE ADDRESS LESS THAN TWO YEARS, PLEASE PROVIDE PREVIOUS ADDRESSES:

DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

CO APPLICANT:

If married less than two years or if you have been known by another name, please indicate this. Also, please indicate if you are Jr. Sr, or III.

Name: _____ Also known as: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Marital Status _____

IF AT THE ABOVE ADDRESS LESS THAN TWO YEARS, PLEASE PROVIDE PREVIOUS ADDRESSES:

DATE OF BIRTH: _____

SIGNATURE: _____ Date: _____