



Dear First time Homebuyer,

Thank you for expressing interest in our programs. In order to better assist you with the purchase of your first home, you will need to complete the intake form attached with this letter. After the form has been completed, kindly mail the form along with copies of your supporting documents to the address listed or email. Upon receipt of your documents a financial assessment will be completed, before an appointment is scheduled to discuss the affordability and power to becoming a homeowner. **In addition our counseling fee is \$80 .00**, which should be paid online or in the form of a money order; should be paid at time of submitting package or at time of scheduled appointment. Video and phone counseling available.

Document Checklist

- Copies of W2 forms for the last two years
- Most current two years of tax returns
- If self-employed: Tax returns for the last two years and year-to-date profit and loss statement signed by borrower
- Three months of most recent pay stubs
- Social Security award letter – if applicable
- Pension award letter – if applicable
- Copy of divorce decree - if applicable
- Copy of driver's license

Assests

- Bank Statements Checking /Savings – (3 months)
- Retirement or savings plans (quarterly statements)
- Copies of 401 k statements



Neighborhood Housing Services of New York City, Inc.
Home Purchase Intake Form



LOCATION INFORMATION

- NHS Location:** Home Ownership Center NHSNYC at TWU Counseling Center
 NHSNYC Harlem Satellite Office NHSNYC South Bronx Satellite Office

CLIENT INFORMATION

1. First Name: _____ 2. Last Name: _____
3. Street Address: _____
4. City: _____ 5. Zip Code: _____
6. Current Housing Arrangement (*choose one*): Homeowner w/mortgage Homeowner w/out mortgage
 Renter Other
7. Home Phone: _____ 8. Work Phone: _____
9. Mobile Phone: _____ 10. Email: _____
11. Gender: Male Female 12. Head of Household: Yes No
13. Ethnicity: Hispanic Non Hispanic 14. Race: Black/African American White/Caucasian Native American
 Asian Pacific Islander Other: _____
15. Birth Date (*mm/dd/yyyy*): _____ 16. Age: _____
17. Highest Level of Education Attained (*choose one*): College Vocational High School/GED
 Primary School None
18. Marital Status (*choose one*): Married Single Separated Widowed
19. Number of People in Household: _____ 20. Number of Children in Household (Age 17 and Under): _____
21. Household Annual Income: \$ _____ 22. Social Security #: _____
23. Are you Foreign Born? Yes No 24. Are you a proficient English speaker? Yes No
25. Are you Active Military? Yes No 26. Are you a Veteran? Yes No
27. Who referred you to NHS? _____



Neighborhood Housing Services of New York City, Inc.
 307 West 36th Street, 12th Floor • NY, NY 10018
 Tel: 212-519-2500 • Fax: 212-727-8171



HOME PURCHASE (continued)

1st Time Home Buyer (choose one): Yes No

Housing Choice Voucher (choose one): Yes No

APPLICANT EMPLOYMENT

Primary Employer: _____

Start Date: _____ End Date (if applicable): _____

Title: _____

Business Type: _____ Self Employed: Yes No

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

CO-APPLICANT INFORMATION

1. First Name: _____ 2. Last Name: _____

3. Street Address: _____

4. City: _____ 5. Zip Code: _____

6. Current Housing Arrangement (choose one): Homeowner w/mortgage Homeowner w/out mortgage
 Renter Other

7. Home Phone: _____ 8. Work Phone: _____

9. Mobile Phone: _____ 10. Email: _____

11. Gender: Male Female 12. Head of Household: Yes No

13. Ethnicity: Hispanic Non Hispanic 14. Race: Black/African American White/Caucasian Native American
 Asian Pacific Islander Other: _____

15. Birth Date (mm/dd/yyyy): _____ 16. Age: _____

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

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

19. Number of People in Household: _____ 20. Number of Children in Household (Age 17 and Under): _____

21. Household Annual Income: \$ _____ 22. Social Security #: _____

23. Are you Foreign Born? Yes No 24. Are you a proficient English speaker? Yes No

25. Are you Active Military? Yes No 26. Are you a Veteran? Yes No

27. Relationship to Applicant: Boyfriend/Girlfriend Brother/Sister Son/Daughter
 Father/Mother Husband/Wife Other: _____



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HOME PURCHASE (continued)

CO-APPLICANT EMPLOYMENT

Primary Employer: _____

Start Date: _____ End Date (if applicable): _____

Title: _____

Business Type: _____ Self Employed: Yes No

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

APPLICANT BUDGET

<u>INCOME</u>	\$	<u>FIXED EXPENSES</u>	\$
Employment	_____	Auto	_____
Overtime	_____	Child Support/Alimony	_____
Interest	_____	Credit Card Payments	_____
Net Rental Income	_____	Credit Collections	_____
Other Income	_____	Education	_____
Alimony	_____	Housing Payment	_____
AFDC	_____	Installment Loans	_____
Bonuses	_____	Insurance	_____
Child Support	_____	Medical	_____
Commissions	_____	Savings	_____
Disability/SSI	_____	Tax	_____
Foster Care	_____	Utilities	_____
Military	_____	<u>DISCRETIONARY EXPENSES</u>	
Part Time	_____	Charity	_____
Retirement	_____	Dining	_____
SSI	_____	Entertainment	_____
Unemployment	_____	Food and Groceries	_____
Welfare	_____	Gifts	_____
Withholding	_____	Household	_____
Other	_____	Misc	_____
Other	_____	Pet Expense	_____
Other	_____	Transportation	_____
		Clothing	_____

NET INCOME	\$	TOTAL EXPENSES	\$
	_____		_____
	=====		=====



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HOME PURCHASE (continued)

SUBJECT PROPERTY

Street Address: _____

City: _____ Zip Code: _____

Land Ownership type (choose one): Condominium Co-op Fee Simple

of Units: _____ Energy Star Home: Yes No

Purchase Price: \$ _____

Closing Costs: \$ _____

Other Costs: \$ _____

Total Cash and Loans Required: \$ _____

AUTHORIZATION

I authorize Neighborhood Housing Services of New York City to: (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my 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 Final closing disclosure, 1003, 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.

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 18, United States Code, Section 1001.

Applicant Signature: _____

Applicant Social Security Number: _____

Date: _____

Co-Applicant Signature: _____

Co-Applicant Social Security Number: _____

Date: _____



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HOME PURCHASE (*continued*)

PRIVACY POLICY and PRACTICES

Neighborhood Housing Services of New York City, Inc. and its subsidiaries are 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 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.
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 call any of our Neighborhood offices 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 I have received a copy of **Neighborhood Housing Services of New York City, Inc. and its subsidiaries** Fee Schedule.

Client Signature: _____

Date: _____