Neighborhood Housing Services of New York City, Inc
306 West 37th Street, Suite 1101, New York, NY 10018
Tel (212) 519-2500 / www.nhsnyc.org / NMLS 874359

HOMEOWNER SERVICES

Personal Profile

CLIENT INFORMATION

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

3. Street Address: _____

4. City: _____ **5. Zip Code:** _____

6. Current Housing Arrangement *(check one):*
- ☐ Homeowner w/mortgage
- ☐ Homeowner w/out mortgage
- ☐ Renter / Monthly Rent $_____
- ☐ Other

Time at residence: Years_____ Months_____

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
- ☐ Do not wish to provide

14. Race:
- ☐ Black/African American
- ☐ White/Caucasian ☐ Native American
- ☐ Asian ☐ Pacific Islander
- ☐ Other: _____
- ☐ Do not wish to provide

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 ☐ Separated ☐ Unmarried

19. Number of People in Household: _____

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

21. Household Annual Income: $_____

22. Social Security #: _____

23. U.S. Citizen? ☐ 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? _____

HOMEOWNER SERVICES *(continued)*

APPLICANT EMPLOYMENT

Primary Employer: _____

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

Title: _____

How long in this line of work? _____Yrs.

Business Type: _____ **Self Employed:** ☐ Yes ☐ No

INCOME (Gross Monthly Income)

	Monthly ($)	**Yearly ($)**
Base Income:	$_____	$_____
Overtime:	$_____	$_____
Bonus:	$_____	$_____
Commission:	$_____	$_____
SE Monthly Income (or Loss):	$_____	$_____
TOTAL:	**$_____**	**$_____**

OTHER INCOME

	Monthly ($)	**Yearly ($)**
Pension:	$_____	$_____
Social Security:	$_____	$_____
Retirement:	$_____	$_____
Other:	$_____	$_____
Subject Real Estate:	$_____	$_____
TOTAL:	**$_____**	**$_____**

CO-APPLICANT INFORMATION

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Mobile Phone: _____ **Email:** _____

Date of Birth: _____ **Social Security #:** _____

U.S. Citizen? ☐ Yes ☐ No

Are you a proficient English speaker? ☐ Yes ☐ No

Active Military? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

CO-APPLICANT EMPLOYMENT

Primary Employer: _____

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

Title: _____

How long in this line of work? _____Yrs.

Business Type: _____ **Self Employed:** ☐ Yes ☐ No

INCOME (Gross Monthly Income)

	Monthly ($)	**Yearly ($)**
Base Income:	$_____	$_____
Overtime:	$_____	$_____
Bonus:	$_____	$_____
Commission:	$_____	$_____
SE Monthly Income (or Loss):	$_____	$_____
TOTAL:	**$_____**	**$_____**

OTHER INCOME

	Monthly ($)	**Yearly ($)**
Pension:	$_____	$_____
Social Security:	$_____	$_____
Retirement:	$_____	$_____
Other:	$_____	$_____
TOTAL:	**$_____**	**$_____**

PURCHASE PROPERTY INFORMATION

Block /Lot: _____ **Number of Units: _____**

Street Address: _____

City: _____ **Zip Code: _____**

Purchase price: $ _____

First Mortgage Lender *(if applicable)*: _____

Loan Amount: $_____

PROPERTY INFORMATION (Additional property owned)

Title to property in name (s) of: _____

Property Address: _____

Purchase price: $ _____ **Year of purchase: _____**

Original Mortgage: $_____ **Balance** $_____ **Monthly Payment:** $_____

Lender: _____

Second Mortgage *(if applicable)*
Original Mortgage: $_____ **Balance** $_____ **Monthly Payment:** $_____

Lender: _____

SUMMARY of ASSETS

Checking / Savings / Other Accounts: $_____
Other real estate owned *(give market value):* $_____

TOTAL: **$_____**

MONTHLY HOUSING EXPENSES (Utilities)

Water: $_____
Gas, Electric: $_____
Other *(explain):* $_____
TOTAL: **$_____**

LIABILITIES				
NAME	**ORIGINAL AMOUNT**	**ACCOUNT #**	**BALANCES**	**MONTHLY PAYMENT**
TOTALS:				

HOMEOWNER SERVICES *(continued)*

ADDITIONAL EXPENSES

Are you making Alimony or Child Support Payments? ☐ Yes ☐ No
If yes, $_____ per _____

APPLICANT BANKING INFORMATION			
Name of Bank	**Account #**	**Balance**	**Type of Account**

Co-APPLICANT BANKING INFORMATION			
Name of Bank	**Account #**	**Balance**	**Type of Account**

CREDIT and LEGAL (Applicant and Co-Applicant)

***In the past 7 years* have you in the been involved with any of the following?**
(choose all that apply)

☐ Bankruptcy (7,11,13) ☐ Judgement / Lawsuit ☐ FCL / Short Sale ☐ Liens on property

If so, please detail, specifying dates: _____
If bankruptcy, provide the date of discharge: _____

Authorization

I affirm that all the answers given in this application are correct and made for the purpose of obtaining credit.

This application is made for the purpose of obtaining credit and I authorize you to communicate with any person, firm or corporation necessary to obtain any information needed concerning the statements made in this application and agree that the application shall remain your property whether or not the loan herein is granted.

Applicant Signature: _____ Date: _____

Applicant Social Security Number: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Social Security Number: _____

HOMEOWNER SERVICES (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 any time.

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**.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

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HOMEOWNER SERVICES

Loan Program Checklist

Required Documentation for a Loan Application:

- ☐ **Fully completed Homeowner Services Personal Profile Form**
- ☐ **Two (2) Most Recent Consecutive Pay Stubs, if applicable**
- ☐ **Two Years Signed Personal Income Tax Returns (all pages & schedules), and Business Income Tax Returns, if applicable**
- ☐ **Most recent two years W2 statements**
- ☐ **Proof of any other income *(SSI, Pension, Child Support or Rental)***
- ☐ **Two (2) Most Recent Consecutive Bank Statements, all pages *(Must show a 30-day history and name of account holder)***
- ☐ **Photo ID (State issued identification or driver's license)**

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NHSNYC
BRIDGING THE GAP

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HOMEOWNER SERVICES

Standard Loan Fees Estimates

Application Fees POC	$0.00
Origination Fee	$1,600.00
Loan Commitment Fee	$0.00
Appraisal Fee POC	TBD
Bank Attorney Fee Estimate	$1,500.00
Credit Report Estimate	$93.00
Flood Certification Estimate	$25.00
Title - Lien Search Estimate	$550.00
UCC-1 Filing Fee Estimate	$200.00

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