



NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND, INC.

5700 Broadway Avenue, Cleveland, Ohio 44127 ■ 216.458.HOME (4663) ■ FAX 216.458.4672 ■ www.nhscleveland.org ■ info@nhscleveland.org

Dear Homeowner:

Thank you for allowing Neighborhood Housing Services of Greater Cleveland to assist you. Please provide us with copies of all the following documents by mail or dropped off to our office at the above address. Your file will be reviewed only after all your documents are in. **If necessary, an appointment will be scheduled once all documents are received.**

<input type="checkbox"/>	NHSGC Personal Intake Packet – 6 page	Please complete, sign and date all pages – please do not leave budget page blank.
<input type="checkbox"/>	Personal Identification	Copy of Driver's License or State ID AND Social Security Card
<input type="checkbox"/>	Hardship Letter	Please provide a written 1-page letter explaining reason for mortgage delinquency. Must be signed and dated.
<input type="checkbox"/>	Hardship Documentation	Please provide evidence supporting your hardship, i.e. receipts, doctors letters and job loss information, etc. (may include tax return for year of hardship occurrence)
<input type="checkbox"/>	Proof of Household Income	2 months of consecutive paystubs , SSI/SSD/Pension award letter/other government assistance for everyone in household. If self-employed please provide YTD Profit & Loss statement and 6-months of bank statements)
<input type="checkbox"/>	Utility Bills	Most recent gas, electric – ALL PAGES
<input type="checkbox"/>	Mortgage Information	Most recent mortgage statement, - FOR ALL MORTGAGES. Copy of reinstatement figures to cure delinquency.
<input type="checkbox"/>	Last 2 years W2s and Federal Tax Returns	If self-employed – must include all schedules – please sign
<input type="checkbox"/>	Most recent 2 months of bank statements	Full copy, both sides copies to one side. Copy all pages even blank pages
<input type="checkbox"/>	Proof of Homeowners Insurance	Your declaration page – you may contact your insurance provider for this – must be current
<input type="checkbox"/>	Condo Association Statement (if applicable)	If you do not have condo fees, please write on a separate sheet "there are no condo fees associated with this home"
<input type="checkbox"/>	Divorce Decree (if applicable)	Only in instances when the reason for hardship is divorce (you will need to provide evidence ex-spouse did contribute funds to the home, you will need to provide tax return for year before and after)
<input type="checkbox"/>	*FOR <u>NON</u>-CUYAHOGA RESIDENTS	FOR NON CUYAHOGA RESIDENTS , Please also provide a copy of your mortgage and legal description as filed with your county.

Please be aware, the above information has been requested for review. Your counselor may require additional information such as the following:

Your file will need to remain no less than 30 days old, please be prepared for our office to request updated information in the event it is needed such as paystubs, utilities and mortgage statement. Incomplete files after a request for missing documentation has been made will be closed after 90 days of initial receipt. Once a file has been closed, you will be required to begin a new intake process.

We thank you for allowing Neighborhood Housing Services of Greater Cleveland to assist you in this process.



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HOMEOWNERSHIP PRESERVATION PROGRAM • PERSONAL INTAKE FORM

TODAY'S DATE: _____ REFERRED TO NHS BY: _____

I. PERSONAL INFORMATION - HOMEOWNER #1

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Veteran (you have served in the military)

LAST: _____ FIRST: _____ M.I. _____

STREET ADDRESS: _____ Do you live in a rural area ☐ Yes ☐ No

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: (_____) _____ - _____ WORK PHONE: (_____) _____ - _____ EXT: _____

CELL PHONE: (_____) _____ - _____ EMAIL: _____

SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

RACE: (check box)

☐ White, non-Hispanic

☐ Hispanic

☐ American Indian / Alaskan Native

☐ Black, non-Hispanic

☐ Asian / Pacific Islander

☐ Other

PREFERRED LANGUAGE _____

GENDER: ☐ Male ☐ Female

DISABLED?: ☐ Yes ☐ No

Foreign Born ☐ Yes ☐ No

HOUSEHOLD TYPE:

☐ Single Adult

☐ Married without children

☐ Married with children

☐ Two or more unrelated adults

☐ Female Headed Single parent household

☐ Male Headed Single parent household

☐ Other

HOUSEHOLD SIZE: _____

NO. OF DEPENDENTS: _____

WHAT AGES?: _____, _____, _____, _____, _____

EDUCATION:

☐ Below High School Diploma

☐ 2 year College

☐ Graduate Degree

☐ High School Diploma/Equivalent

☐ Bachelor's Degree

☐ Doctorate

II. PERSONAL INFORMATION - HOMEOWNER #2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

LAST: _____ FIRST: _____ M.I. _____

SSN #: _____ - _____ - _____ BIRTHDATE: _____ / _____ / _____

RACE: (check box)

☐ White, non-Hispanic

☐ Hispanic

☐ American Indian / Alaskan Native

☐ Black, non-Hispanic

☐ Asian / Pacific Islander

☐ Other

FOREIGN BORN?

☐ Yes ☐ No

GENDER: ☐ Male ☐ Female

DISABLED?: ☐ Yes ☐ No

EDUCATION:

☐ Below High School Diploma

☐ 2 year College

☐ Graduate Degree

☐ High School Diploma/Equivalent

☐ Bachelor's Degree

☐ Doctorate



III. INCOME INFORMATION - HOMEOWNER #1

ANNUAL FAMILY / HOUSEHOLD INCOME : what is your total household income each year? \$ _____

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

YOUR TITLE: _____ HIRE DATE: _____

PAY CYCLE : ☐ Every week ☐ Every other week ☐ 2x a month ☐ Once a month GROSS INCOME : before taxes: \$ _____

DO YOU RECEIVE OTHER INCOME? ☐ Yes ☐ No Source: _____ MONTHLY AMOUNT \$ _____

INCOME INFORMATION - HOMEOWNER #2

PRIMARY EMPLOYER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

YOUR TITLE: _____ HIRE DATE: _____

PAY CYCLE : ☐ Every week ☐ Every other week ☐ 2x a month ☐ Once a month GROSS INCOME : before taxes: \$ _____

DO YOU RECEIVE OTHER INCOME? ☐ Yes ☐ No Source: _____ MONTHLY AMOUNT \$ _____

IV. MORTGAGE LOAN INFORMATION

Have you filed bankruptcy since the purchase of this home ☐ Yes ☐ No Chapter 7 or 13? _____

DATE THE HOME WAS PURCHASED (month / year) _____ / _____ AMOUNT PAID FOR HOME \$ _____

WHO IS YOUR CURRENT LENDER?: _____

WHAT IS YOUR CURRENT INTEREST RATE? _____ % ☐ Fixed ☐ Adjustable IF ADJUSTABLE, MATURITY DATE: _____

MONTHLY PAYMENT AMOUNT: amount before delinquency: \$ _____ INCLUDES TAXES & INSURANCE? ☐ Yes ☐ No

V. DEFAULT / DELINQUENCY INFORMATION

DATE OF LAST PAYMENT TO LENDER (month / year) _____ / _____ AMOUNT OF PAYMENT \$ _____

HOW MANY MONTHS ARE YOU DELINQUENT? _____ LAST TIME YOU SPOKE TO LENDER (date) _____ / _____

DELINQUENCY AMOUNT: (total amount due) \$ _____ Reason for the Delinquency: Unemployment / Illness / Death / other _____

ARE YOUR TAXES ALSO IN DEFAULT? ☐ Yes ☐ No DO YOU HAVE HOMEOWNERS INSURANCE? ☐ Yes ☐ No

VI. CONSENT

IMPORTANT: PLEASE READ THIS STATEMENT BEFORE SIGNING.

In connection with credit and budget counseling as part of the Homeownership Preservation Program, I (We) the homeowner(s) hereby authorize all consumer-reporting agencies to furnish Neighborhood Housing Services of Greater Cleveland, Inc. with reports and/or investigative consumer reports on myself and/or (us) the homeowner(s). I (We) have also received a copy of Neighborhood Housing Services of Greater Cleveland's Privacy Policy and Practices Agreement. I (We) have received a copy of the disclosure statement as it relates to the NFMC program. I (We) consent to NHSGC to do the following (a.) submit client-level information to the Data Collection System for the NFMC grant, (b.) NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c.) NFMC to conduct follow-up as it relates to program evaluation.

HOMEOWNER: _____ DATE: _____

CO-HOMEOWNER: _____ DATE: _____



**Neighborhood Housing Services
of Greater Cleveland**
5700 Broadway Ave.
Cleveland, OH 44127
Phone: 216-458-4663
Fax: 216-458-4672
www.nhscleveland.org

THIRD PARTY AUTHORIZATION / AGREEMENT TO RELEASE INFORMATION

I/we hereby authorize Neighborhood Housing Services of Greater Cleveland (the "Third Party") to obtain, release, and/or exchange any and all information related to my mortgage. This information will be released only to those institutions, companies and agencies that the Third Party believes can provide assistance in resolving a mortgage default. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you. I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information. I hereby acknowledge that this consent is voluntary and I may revoke this consent at any time except to the extent that action based on this consent has been taken. I also acknowledge that a copy of this form is as valid as the original.

APPROVED THIRD PARTY INFORMATION AND AUTHORIZED AGENTS

COMPANY NAME: Neighborhood Housing Services of Greater Cleveland
COMPANY ID: HUD #80907 / Tax #/EIN#34-1166865
AUTHORIZED AGENTS: Becky Geier, Mahria Harris, Renee Harris, Ann Morris, Jean Birt
Keith Davis, Elizabeth Sanchez, Gretchen Bowman, Nichole Pulley
COMPANY ADDRESS: 5700 Broadway Avenue, Cleveland, OH 44127
COMPANY CONTACT: Phone: 216-458-4663 / Fax: 216-458-4672 / www.nhscleveland.org

MORTGAGE INFORMATION

1st Mortgage

2nd Mortgage (if applicable)

LENDER / SERVICER:	_____	_____
LOAN NUMBER:	_____	_____
PROPERTY ADDRESS:	_____	
CITY, STATE, ZIP	_____	

I/WE ACKNOWLEDGE THAT THIS AUTHORIZATION IS VALID UNTIL I SPECIFICALLY PROVIDE NOTICE IN WRITING THAT THIS AUTHORIZATION IS OF NO FURTHER FORCE AND EFFECT.

BORROWER #1 (PRINTED):	_____	LAST 4 OF SSN: _____
BORROWER #1 (SIGNED):	_____	DATE: _____
BORROWER #2 (PRINTED):	_____	LAST 4 OF SSN: _____
BORROWER #2 (SIGNED):	_____	DATE: _____
COUNSELOR (SIGNED):	_____	DATE: _____



NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND

FINANCIAL WORKSHEET

Monthly Expense	Monthly Cost
Mortgage (Principal, Interest, Taxes and Insurance)	\$
Heating (Gas or Oil)	\$
Electricity	\$
Water/Sewer/Trash	\$
Phone (Home and/or Cell)	\$
Cable and Internet	\$
Food (Groceries, Eating Out, School or Work Meals etc.)	\$
Car Payment:	\$
Transportation Costs (Gas/Insurance/ Bus Fare etc.)	\$
Other Expenses:	\$
TOTAL	\$

Monthly Household Income	Gross (Before Taxes)	Net (After Taxes/Take Home)
Monthly Wages/Salary (Borrower #1)	\$	\$
Monthly Wages/Salary (Borrower #2)	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Pension/Retirement	\$	\$
Food Stamps/Government Assistance	\$	\$
Child Support/Alimony	\$	\$
Rental Income	\$	\$
Family Contribution	\$	\$
Other Income	\$	\$
Other Income	\$	\$
TOTAL	\$	\$

Borrower #1 Signature: _____

Date: _____

Borrower #2 Signature: _____

Date: _____



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DISCLOSURE STATEMENT

AS IT RELATES TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT HOUSING COUNSELING PROGRAM AND THE NATIONAL FORECLOSURE MITIGATION COUNSELING PROGRAM

Neighborhood Housing Services of Greater Cleveland (NHSGC) hereby provides this Disclosure Statement in relation to the United States Department of Housing and Urban Development Housing Counseling Program and the National Foreclosure Mitigation Counseling Program:

NHSGC offers foreclosure prevention counseling and the possibility of rescue mortgage funding depending on circumstances and program eligibility. In addition we offer Homebuyer Education, Home Repair Lending, and Reverse Mortgage Counseling among others. If you have already received a loan from NHSGC, we will remind you of the nature and amount of the loan. We will also ask you to waive any potential conflict of interest in writing. Should you prefer to work with another counseling agency rather than waive a potential conflict of interest, you may do so.

NHSGC is funded by or has contractual relationships with NeighborWorks America, the Ohio Department of Development, the Ohio Housing Finance Agency, the United States Department of Housing and Urban Development, Cuyahoga County, the City of Cleveland, and various other donors.

You are not obligated to receive any other services offered by NHSGC or its exclusive partners.

PRIVACY POLICY AND PRACTICES OF NHS OF GREATER CLEVELAND

We at NHS of Greater Cleveland value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions;
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. *Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

----- PLEASE REMOVE AND RETURN THE FORM BELOW -----

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

☐ **Box 1:** Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

☐ **Box 2:** Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

If you have checked any of the boxes above, Please mail this form in a stamped envelope to:

NHS of Greater Cleveland, 5700 Broadway Avenue, Cleveland, OH 44127

