



### Credit Counseling Intake Form

Neighborhood Housing Services of Birmingham, Inc., HomeOwnership Center  
601 19th Street North, Birmingham, AL 35203  
Off. 205.328.4292 Fax. 205.949.4354



### Client Demographic Information

Please PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ Curent Age \_\_\_\_\_ Gender  Female  Male

Marital Status  Single  Married  Other Disabled  Yes  No Active Military  Yes  No

**Referred by:**

- Bank/Loan Officer     Habitat for Humanity     Mission Birmingham     Women's Fund
- HABD     HUD     Print Ad     Walk-in     Friend     Realtor     Other

Please list name & company of referral: \_\_\_\_\_

**Race**

**Foreign Born**  Yes  No

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> African American           | <input type="checkbox"/> American Indian/Alaskan Native                  | <input type="checkbox"/> Asian                |
| <input type="checkbox"/> African American/ Hispanic | <input type="checkbox"/> American Indian/Alaskan Native Black            | <input type="checkbox"/> Asian/Black          |
| <input type="checkbox"/> African American/White     | <input type="checkbox"/> American Indian/Alaskan Native Hispanic         | <input type="checkbox"/> Asian/White          |
| <input type="checkbox"/> Hispanic                   | <input type="checkbox"/> American Indian/Alaskan Native White            | <input type="checkbox"/> Asian/Black/Hispanic |
| <input type="checkbox"/> White                      | <input type="checkbox"/> American Indian/Alaskan Native Black & Hispanic | <input type="checkbox"/> Asian/White/Hispanic |

**Household/Income**  Own  Rent  Other    **1<sup>st</sup> Time Homebuyer**  Yes  No    **Head of Household**  Yes  No

**Family/Household Size:** \_\_\_\_\_ **Number of Dependents:** \_\_\_\_\_ **Age of Dependents:** \_\_\_\_\_

**Disable Dependent**  Yes  No

**Household Annually Income:** \$ \_\_\_\_\_ **Household Monthly Income:** \$ \_\_\_\_\_

**Education Level**

- Below high school     High School/Equivalent     Jr. College     College     Graduate School

I authorize NHSB HomeOwnership Center to: Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the Lender who made a loan to me and/or the title company which closes the loan.

I understand any intentional or negligent representation(s) of the information contained here may result in civil liability and/or criminal liability under provisions of Title 18, United States Code, and Section 1001.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Date



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**Please, provide COPIES of the following when you attend your NEXT Credit Counseling appointment.**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Pay stubs for <b>MOST RECENT 30-day</b> period | <input checked="" type="checkbox"/> <b>Most Recent</b> Checking Account Statement |
| <input checked="" type="checkbox"/> Social Security Award Letter(s)                | <input checked="" type="checkbox"/> <b>Most Recent Savings Account Statement</b>  |
| <input checked="" type="checkbox"/> Retirement Pension Document                    | <input checked="" type="checkbox"/> <b>ALL</b> Utility Bills                      |
| <input checked="" type="checkbox"/> Unemployment Documents                         | <input checked="" type="checkbox"/> <b>ALL</b> Loan and Credit Card Statements    |
| <input checked="" type="checkbox"/> Child Support / Alimony Documentation          | <input checked="" type="checkbox"/> <b>COPY</b> of <u>valid</u> Driver's License  |

**Do NOT bring original documents!!! COPIES ONLY!!! Please, make copies **PRIOR** to your appointment.**

### PLEASE NOTE:

**If your information is incomplete, your appointment will be rescheduled. If you are late to your appointment, your appointment will be rescheduled. No exceptions. Time is valuable.**

Neighborhood Housing Services of Birmingham, Inc. HomeOwnership Center is:

- ✓ Non-Profit
- ✓ HUD certified

NAME			
ADDRESS			
PHONE(S)			
SOCIAL SECURITY #		DATE OF BIRTH	

### Authorization

I authorize NHSB HomeOwnership Center to:

- a) Pull my credit report(s) to review my credit file(s) for housing counseling in connection with my pursuit of a loan to purchase real property, and review my credit file(s) for information inquiry purposes, and;
- b) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the Lender who made a loan to me and/or the title company which closes the loan.

I understand any intentional or negligent representation(s) of the information contained on these forms may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, and Section 1001.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Date



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### MONTHLY BUDGET (MUST BE COMPLETED)

<b>HOUSING</b>		<b>EDUCATION</b>	
Rent / Mortgage		Tuition	
Heating (gas or oil)		Books, papers, supplies	
Electricity		Newspapers, magazines	
Water / Sewer		Lessons	
Telephone(s)		<b>GIFTS</b>	
Renter's / Homeowner Insurance (if separate)		Birthdays	
Trash Service		Major Holidays	
Home maintenance and furnishings			
Cleaning Supplies		<b>PERSONAL</b>	
Lawn Service		Barber or Beauty Salons	
Alarm System		Toiletries	
<b>TRANSPORTATION</b>		Children's Allowances	
Auto Fuel		Tobacco	
Auto Payment		Alcohol	
Auto Insurance			
Auto Repair / Maintenance		<b>ENTERTAINMENT</b>	
Registration Fees		Movies, sports, concerts, etc.	
Public Transportation or taxi		Video Rentals	
Parking and/or Tolls		Internet Service	
<b>FOOD</b>		Cable Television / Satellite	
Groceries		Restaurants	
School Lunch		Gambling, Lottery, Bingo	
Work-related		Fitness club or Social club	
<b>INSURANCE(S)</b>		Vacations / Trips	
Life		Hobbies / Crafts	
Health		<b>MISCELLANIOUS</b>	
Disability		Checking account fees, money order fees, etc.	
<b>MEDICAL</b>		Pet Care	
Doctor		Postage	
Dentist		Photography processing	
Eyes		"Mad" Money	
Prescriptions		<b>DEBTS</b>	
<b>CHILD / ADULT CARE</b>		Student Loan(s)	
Day Care		Credit Card	
Child Support / Alimony		Credit Card	
Sports		Credit Card	
<b>CLOTHING</b>		Personal Loans	
Dry Cleaning		<b>OTHER</b>	
New Clothing			
<b>DONATIONS</b>			
Religious or Charity			
<b>TOTAL REGULAR MONTHLY EXPENSES&gt;&gt;&gt;&gt;</b>		<b>TOTAL DISCRETIONARY EXPENSES</b>	

Client Signature \_\_\_\_\_

Date \_\_\_\_\_



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### EMPLOYMENT INFORMATION

Name of Employer / Type of Business				
Start Date	MONTH	DAY	YEAR	
Job Title				
Pay per Hour	\$			
Pay Periods	WEEKLY	BI-WEEKLY	BI-MONTHLY	MONTHLY
Gross Monthly Income	\$	\$	\$	\$
Net Monthly Income				
Other Sources of Income				
Social Security	\$			
Pension	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other	\$	\$	\$	\$

Spouse's Employer / Type of Business				
Start Date	MONTH	DAY	YEAR	
Job Title				
Pay per Hour	\$			
Pay Periods	WEEKLY	BI-WEEKLY	BI-MONTHLY	MONTHLY
Gross Monthly Income	\$	\$	\$	\$
Net Monthly Income				
Other Sources of Income				
Social Security	\$			
Pension	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other	\$	\$	\$	\$

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



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### CONSENT TO RELEASE INFORMATION

I hereby give my consent to Neighborhood Housing Services of Birmingham, Inc. HomeOwnership Center (NHSB), or any Credit Reporting Agency which NHSB may designate, to obtain any and all information concerning my employment, checking and/or savings accounts, credit obligations, and all other credit matters which may be required in connection to NHSB providing housing counseling services.

I authorize the release of information listed above by the credit bureaus, employer(s), financial institutions, collection agencies, government agencies, and all other grantors of credit as listed on my application for housing counseling services, down payment assistance, and/or mortgage underwriting service for 3rd party entities to which I have applied for financial assistance.

I understand NHSB provides first-time homebuyer education, after which, I may receive a written action plan consisting of recommendations for my financial management and rebuilding my credit, possibly including referrals to other agencies as appropriate.

Further, I understand I am not obligated to receive any other services offered by NHSB or its exclusive partners.

I have the opportunity to opt-out of disclosures of nonpublic personal information to third parties (such as my creditors), that is, direct them not to make those disclosures.

If I choose to opt-out NHSB counselors will be unable to answer questions from my creditors. If, at any time, I wish to change my decision, with regards to opt-out, I may call NHSB at 205.328.4292 and do so. As long as I have not opted out, NHSB counselors may disclose some or all of the information collected (information received from me orally, name, address, social security number, assets, income, bank statements, payment history, Credit Report, etc.) to my creditors or third parties where NHSB counselors have determined it would be helpful to me, would aid them in counseling me, or is a requirement of grant awards which make NHSB services possible. NHSB may also disclose any nonpublic personal information about me or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).

This may be reproduced or photocopied and the copy shall be as effective as the original letter executed on the undersigned date.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Date

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I hereby certify this to be a true and correct copy of the original.

\_\_\_\_\_  
NHSB, Inc. (Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





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### PRIVACY POLICY AND PRACTICES

Neighborhood Housing Services of Birmingham, Inc. HomeOwnership Center (NHSB) values your trust and is committed to the responsible management, use, and protection of your personal information. This notice describes our policy regarding the collection and disclosure of personal information to a third party. Personal information, as used in this notice, means information which identifies an individual personally and is not otherwise publicly available information. It includes, but is not limited to, personal financial information such as credit history, income, employment history, financial assets, bank account information, financial debts, and your social security number. It may also include other information you have provided us on any application or form you must complete in order to receive services:

1. We may compile data and aggregate (combine) information you give us for use in evaluating and reporting on NHSB activities. Such information will not be disclosed to persons not affiliated with NHSB or in a form which would identify you personally, unless otherwise required by law.
2. We collect nonpublic personal information about you from the following sources:
  - Information provided or received from you on our applications or required forms;
  - Information about your transactions with us, our creditors, or others;
  - Information we receive from a credit reporting agency.
3. We do NOT disclose any nonpublic personal information about our clients or former clients to unaffiliated persons except as permitted by law or upon our client's signed consent authorizing such release. The following kinds of nonpublic personal information may be disclosed with your signed consent:
  - Information received from you on applications and 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, etc.
  - Information we receive from a credit reporting agency, such as your credit history.
4. In order to assist you, NHSB may disclose some or all information which we collect to creditors and related financial institutions in order to help resolve any financial delinquency, or other housing issues you are facing.
5. We restrict access to nonpublic personal information to those employees who need to know the information to provide service to you. We maintain physical, electronic and procedural safeguards which comply with federal regulations to guard your nonpublic personal information.
6. In order to process your request or provide down payment or other financial assistance, we may disclose some or all the information we collect to our parent company, NeighborWorks® America (*formerly Neighborhood Reinvestment Corporation*) or other funders of our down payment and financial assistance loan pools.

#### RELEASE:

I have read this privacy notice and understand nonpublic information may be released without my written consent. I also understand for NHSB to effectively assist me with my financial delinquencies or other issues and/or needs, it may disclose some or all of my nonpublic information to unaffiliated persons.

I hereby authorize NHSB to release all nonpublic information about me to my creditors and any third parties as may be necessary or useful to resolve the matter(s) discussed during my counseling session and to process or otherwise assist with my application for down payment or other financial assistance and to evaluate services provided by NHSB. I further release and authorize all of my creditors and others to provide nonpublic personal information about me to NHSB. I authorize NHSB to obtain a credit report on me.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Date



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### **DUAL AGENCY DISCLOSURE**

The following disclosure and acknowledgement apply to those transactions in which the seller of residential properties, and/or community lender and the home ownership readiness counselor consulting with you are employed by the same entity.

#### **YOUR RIGHTS UNDER DUAL AGENCY**

NHSB operates as an affordable housing developer and community lender. In this capacity, NHSB's primary responsibility is to itself. As a counselor, NHSB counsels you in preparing for home ownership. In this capacity, NHSB's primary responsibility is to you. You are NOT obligated to purchase residential real property owned by NHSB as a condition of receiving counseling services from NHSB or borrowing monies.

You may be provided with suggestions from your Counselor in the form of an Action Plan. you are not obligated to follow this plan or receive any other services offered by NHSB and any of its industry partners; and have the option of accepting or rejecting the advice provided to you and you may handle your affairs/financial concerns in a manner you may deem more appropriate for you.

By making this disclosure, NHSB wishes to obtain your informed consent to operate in a dual agency capacity. By consenting to dual agency, you are giving up your right to undivided loyalty. You should carefully consider the possible consequences of a dual agency relationship before agreeing to such representation.

You may retain the services of a real estate agent/broker, lender, or other counselor who will represent only your interest in the transaction.

Since NHSB is not a legal expert or an attorney, you may wish to consult an attorney before signing this form.

#### **CONSENT TO DUAL AGENCY**

By signing below, I acknowledge I have received and read this disclosure notice. I also acknowledge I understand, as a property owner and community leader, NHSB may be acting in its own best interest relative to the sale of residential real property owned and/or loans made. Finally, by signing below, I consent to the dual agency.

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Client Signature

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Client Name (Print)

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Date





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### **COMPLAINT/GRIEVANCE PROCEDURE**

Every client is entitled to be treated with respect and dignity, to ask questions, and to be actively involved in the assessment and modification of his/her financial situation. If at any time a client is dissatisfied with the services provided by NHSB HOC, he/she may issue a complaint or grievance as outlined below:

1. Attempt to resolve the issue with the Counselor or applicable employee by stating you are dissatisfied.
2. If the above action is not possible or the complaint is not resolved, the client may write the, at 601 19<sup>th</sup> Street North, Birmingham, AL, 35203.
3. The Executive Director will provide a written response within fifteen (15) days of receipt of the complaint.
4. If the client feels the matter has not been resolved by the Executive Director, s/he, within fifteen (15) days of receiving the written response from the Executive Director, may write directly to NHSB HOC's Board President, at 601 19<sup>th</sup> Street North, Birmingham, AL 35203. The Board President, at the next regularly scheduled meeting of the Board of Directors, will appoint a Committee to address the grievance and bring a recommendation back to the full Board for consideration. The Committee, if it so desires, may meet with all parties concerned in order to gain more information. The Board of Directors has thirty (30) days in which to issue a written response to the grievance. The decision of the Board of Directors is the final stage of NHSB HOC's grievance procedure.

NHSB, HOC will provide, at this stage in the grievance procedure, the local office of the US Department of Housing & Urban Development with a copy of the complaint and all responses. NHSB HOC will also provide the applicable District Office of its parent company, NeighborWorks<sup>®</sup> America (*formerly Neighborhood Reinvestment Corporation*) a copy of the complaint and all responses.

5. The client may seek legal redress in the applicable Court of Law after the full grievance process has been exhausted.

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Client Signature

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Client Name (Print)

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Date