



Homeownership Rehabilitation Program
Neighborhood Housing Services of Birmingham, Inc., Home Ownership Center
 601 19th Street North, Birmingham, AL 35203
 Off. 205.328.4292 Fax. 205.949.4358

HOMEOWNER REHABILITATION PROGRAM OVERVIEW & GUIDELINES

The section below provides the income guidelines that Neighborhood Housing Services of Birmingham, Inc. is required to in determining eligibility of applicants for the Homeowner Rehabilitation Program.

Family Income Eligibility Guidelines Program Year 2017 U.S. Department of Housing and Urban Development

HOUSEHOLD SIZE	MAXIMUM INCOME
1 Person	\$35,360
2 Person	\$40,400
3 Person	\$45,450
4 Person	\$50,500
5 Person	\$54,560
6 Person	\$58,600
7 Person	\$62,650
8 Person	\$66,700

ELIGIBILITY REQUIREMENTS

- ✓ Homeowner must reside in property (owner occupied)
- ✓ Property Taxes must be current
- ✓ Must meet income eligibility requirements (80% median income)
- ✓ Applicants cannot have received assistance within the last 5 years
- ✓ Proof of Income must be required
- ✓ Must be current on mortgage payment and not in active foreclosure
- ✓ Must attend a 2-hour Financial Capability Seminar

REQUIRED DOCUMENTS

Please submit **copies** of the following documents:

- Alabama Driver License and/or State ID
- Proof of Income (30 days of Paystubs or Benefit Letter for SSA, Pension or Retirement)
- Homeowners Insurance Policy
- Mortgage Statement (most recent)
- 2016 Federal Income Tax Returns (*if applicable*)
- Mortgage Deed
- Bank Statement (most recent)



HOMEOWNER REHABILITATION APPLICATION

Applicant and Co-Applicant _____

Relationship to Applicant _____ Phone _____

Address _____ Zip Code _____

Date of Birth(A) _____

Date of Birth(Co-A) _____

SS # _____

SS # _____

Marital Status _____

Marital Status _____

Employer _____

Employer _____

Please list names/ages of all household members other than applicant/co-applicant:

Household Income

Applicant Income Source _____ Amount \$ _____ How Often Paid _____

Co-Applicant Type of Income _____ Amount \$ _____ How Often Paid _____

Other Income Type of Income _____ Amount \$ _____ How Often Paid _____

Mortgage Information

Name of Mortgage Company _____ Monthly Payment Amount _____

Mortgage Balance _____ Does Payment include Taxes-Insurance? _____

Second Mortgage _____ Monthly Payment Amount _____

Yes No

1. Is your mortgage payment current?		
2. Have you filed bankruptcy in the past 2 years?		
3. Do you have any collection accounts?		
4. Do you have homeowner's insurance?		
5. Are your property taxes current?		

I (We) certify that all information in this application is true and complete to the best of my (our) knowledge. I (we) authorize verification of information provided with this application. I (We) authorize Neighborhood Housing Services of Birmingham, Inc. to pull a credit report for verification of your debt and other financial obligations (collections and/or judgements).

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



QUALIFIED REPAIRS

*This program addresses **basic home improvements, with an emphasis on health and safety repairs.***

***Repairs not included:** Additions, Accessory Buildings, or Environmental Abatement. The following is a list of eligible home improvements your home may qualify.*

Please select your home improvement need from the list below:

- Exterior Doors
- Heating, Ventilation and Air Conditioning
- Insulation
- Roofing
- Windows
- Plumbing
- Exterior Ramp
- Bathroom
- Kitchen Cabinets / Sink
- Flooring
- Painting (exterior only)
- Electrical
- Landscaping
- Porch

Please use the space below to provide additional details:



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MONTHLY EXPENSES

Housing Expenses	Monthly Amount
Rent / Mortgage	\$
Heating (gas or oil)	\$
Electricity	\$
Water / Sewer	\$
Telephone(s)	\$
Trash Services	\$
Homeowner Insurance (not in escrow)	\$
Cleaning Supplies	\$
Lawn Services	\$
Alarm System	\$
Transportation	
Auto Fuel	\$
Auto Payment	\$
Auto Insurance	\$
Auto Repair / Maintenance	\$
Medical Expenses	
Doctor	\$
Dentist	\$
Eyes	\$
Prescription	\$
Other	
	\$
	\$
	\$
Total Amount	\$



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CONSENT TO RELEASE INFORMATION

I hereby give my consent to Neighborhood Housing Services of Birmingham, Inc. Home Ownership Center (NHSB), or any Credit Reporting Agency which NHSB may designate, to obtain 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 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 can 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. If I have not opted out, NHSB counselors may disclose some or all 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

Date

Client Name (Print)



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STATEMENT OF HOUSING COUNSELING SERVICES

I understand the purpose of the housing counseling activities and Homebuyer Education and Financial and Consumer Literacy classes offered through NHSB’s Community Training Program, is to help me acquire the skills and resources needed to save for, purchase, and maintain a home.

I understand all training is designed to help me understand the entire process associated with purchasing and maintaining a home.

I understand although NHSB will not make a recommendation regarding lenders, realtors, attorneys, or other professionals in the home buying process, the organization will equip me with tools to help me select the best one for my, at my request, NHSB will provide me with a list of professionals in the local area.

I understand the services provided under NHSB’s Housing Counseling Program are subject to **FEES** to all interested persons. The organization does not engage in the practice of discrimination in the selection and participation of clients or services with respect to race, religion, color, gender, national origin, familial status, handicap, or disability. I may also incur a fee for any indirect services provided through another company/agency based on cost to NHSB. No gifts for services are to be given to NHSB employees, and acceptance of gifts from clients, by any agency employee, is strictly forbidden. Failure to comply with this policy on the part of any client or employee could result in termination of services or employment.

I hold NHSB, Inc., its employees, executives, agents, and volunteers harmless from any claim, suit, action, or demand of my creditors, myself, or any other person resulting from advice or counseling I may receive as a participant in the Housing Counseling Program.

I understand I may be provided suggestions from an NHSB Counselor in the form of an Action Plan. I have the option of accepting or rejecting the advice provided to me, and I may handle my affairs/financial concerns in a manner I deem more appropriate for me.

I understand my Counselor is **NOT** an attorney and cannot provide legal advice. If I desire legal advice, I may be referred to the Alabama Bar Association. My Counselor may answer general questions about bankruptcy, but he/she cannot give legal advice. While an attorney can make a recommendation to file bankruptcy, I understand it is a personal choice based on individual circumstances. I will inform NHSB of any decision I make concerning bankruptcy, as it may affect the nature and outcome of my counseling.

I understand, at some time in the future, my information may be used for confidential research. Names will only be used when demographic information is compiled. In addition, a neutral third party may contact me to request an evaluation of the services provided by NHSB, Inc.

I verify my understanding of the NHSB’s Housing Counseling Services, and will abide by their guidelines.

Client Signature

Date

Client Name (Print)



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PRIVACY POLICY AND PRACTICES

Neighborhood Housing Services of Birmingham, Inc. Home Ownership 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 you must complete 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. To assist you, NHSB may disclose some or all information which we collect to creditors and related financial institutions 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. 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 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 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

Date



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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 and/or maintaining your home. 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

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.

Client Signature

Client Name (Print)

Date



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COMPLAINT/GRIEVANCE PROCEDURE

All clients are entitled to be treated with respect and dignity, to ask questions, and to be actively involved in the assessment and modification of their financial situation. If at any time a client is dissatisfied with the services provided by NHSB, Inc., Home Ownership Center (HOC), he/she may issue a complaint or grievance as outlined below:

- Attempt to resolve the issue with the Counselor or applicable employee by stating you are dissatisfied.
- If the above action is not possible or the complaint is not resolved, the client may write the, at 601 19th Street North, Birmingham, AL, 35203.
- The Executive Director will provide a written response within fifteen (15) days of receipt of the complaint.
- 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 19th 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 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® America (*formerly Neighborhood Reinvestment Corporation*) a copy of the complaint and all responses.
- The client may seek legal redress in the applicable Court of Law after the full grievance process has been exhausted.

Client Signature

Client Name (Print)

Date



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CERTIFICATION OF ELIGIBILITY/ HOMELESSNESS

The applicant, _____ is hereby certified to be eligible for _____
 _____ **NHSB, Inc.** _____ programs based on (please check one only):
 (Agency Name)

Definition of Homeless:

1. (a) In General

The terms “homeless” or “homeless individual or homeless person” includes-

- (1) an individual who lacks a fixed, regular, and adequate nighttime residence, and
- (2) an individual who has a primary nighttime residence that is:
 - (A) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.

2. (b) Income Eligibility

(1) In General

A homeless individual shall be eligible for assistance under the CDBG or ESG program, only if the individual complies with the income eligibility requirements otherwise applicable to such program.

***If eligibility by income applies, complete Family Income Eligibility Certification form.**

NOT HOMELESS

Signature of Applicant

Signature of Caseworker

Date of Certification



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**BOLD GOALS COALITION FINANCIAL SERVICES NETWORK
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, the undersigned, hereby authorize Neighborhood Housing Services of Birmingham, Inc. (the “Agency”) to release and disclose my financial information to other agencies of individuals within the Bold Goals Coalition Financial Services Network (the “Network”) for purposes described below. “Financial Information” includes all information related to my finances in the possession of Agency or the services provided by Agency to me and may include but is not limited to: personal identity, employment history, number in household and income amount, credit scores, savings balance, asset and non-asset building debt and types of banking services or accounts. I consent and authorize this information to be released for the following purposes: tracking the effectiveness of services offered by Agency and other Network members, coordinating services and centralized data collection, and possible referrals of others services from other Network agencies. I understand that Agency does not guarantee that any other agencies within the Network will provided me with additional resources or services and that my information will not be sold for any purpose.

This Authorization for Release of Information (“Release”) will be effective for if I received services or otherwise have financial relationship with Agency. I understand that I am not required to sign this Release to receive services from Agency and that I can review, modify or revoke this Release at any time.

Signature

Print Name

Date



HOUSEHOLD INCOME GUIDELINES

PROGRAM YEAR 2017 - 2018

Community Development Block Grant Program

U.S. Department of Housing and Urban Development



	Low Income 80% of Median Income	Very Low Income 50% of Median Income	Extremely Low Income 30% of Median Income	
Household Size	Greater than 50% of the Median Income but not over 80% of the Median Income	Greater than 30% of the median Income, but not over 50% of the Median Income	Less than or Equal to 30% of the Median Income	Applicant Household Income
1	35,360	19,450	11,650	
2	40,400	22,200	13,300	
3	45,450	25,000	15,000	
4	50,500	27,750	16,650	
5	54,560	29,950	18,000	
6	58,600	32,200	19,300	
7	62,650	34,400	20,650	
8	66,700	36,650	22,000	

I certify that this a full and complete accounting of my household's current income.

Signature of Applicant

Signature of Caseworker

Date of Certification

*Completed copy of this form must be placed in each participant's file.

*City of Birmingham CDBG Program

*FY 2017 Median Household Income (MHI): \$55,000