



Credit Counseling Intake Form
 Neighborhood Housing Services of Birmingham, Inc., Home Ownership Center
 601 19th Street North, Birmingham, AL 35203
 Off. 205.328.4292 Fax. 205.949.4358



Client Demographic Information

PLEASE PRINT:

Name: _____

Address _____ **City** _____ **State** _____ **County** _____ **Zip** _____

Phone _____ **Email** _____

S.S.N. _____ **D.O.B.** _____ **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 _____

Race:

- African American Hispanic White Asian Other _____

Foreign Born: Yes No

Household/Income: Own Rent Other **1st Time Homebuyer:** Yes No **Head of Household:** Yes No

Family/Household Size: _____ **Number 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

AUTHORIZATION TO PULL CREDIT:

I authorize NHSB Home Ownership 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 that 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)



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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 MOST RECENT 30-day period | <input checked="" type="checkbox"/> Most Recent Checking Account Statement |
| <input checked="" type="checkbox"/> Social Security Award Letter(s) | <input checked="" type="checkbox"/> Most Recent Savings Account Statement |
| <input checked="" type="checkbox"/> Retirement Pension Document | <input checked="" type="checkbox"/> ALL Utility Bills |
| <input checked="" type="checkbox"/> Unemployment Documents | <input checked="" type="checkbox"/> ALL Loan and Credit Card Statements |
| <input checked="" type="checkbox"/> Child Support / Alimony Documentation | <input checked="" type="checkbox"/> COPY 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. Home Ownership Center is:

- ✓ **Non-Profit**
- ✓ **HUD Certified**

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

Authorization:

I authorize NHSB Home Ownership 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 my final **Closing Disclosure** (Previously known as the HUD-1 Settlement Statement), when I purchase a home from me, or 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 Printed Name

Client Signature

Date



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MONTHLY BUDGET

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

Client Signature _____

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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	\$	\$	\$	\$

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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 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

Date

Client Name (Print)

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

Signature: Neighborhood Housing Services of Birmingham, Inc.

Title

Date



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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

Date

Counselor's Signature

Date



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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 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

Date

Client Name (Printed)

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

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 Name (Print)

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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 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® 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

