



17 Talbot Street, Montclair, NJ 07042

INTAKE FORM: Please complete intake form completely prior to meeting with Homeownership Counselor

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt:# _____

Town: _____ State: _____ Zip code: _____ County: _____

Home#: _____ Cell:# _____ How long you lived here? _____

Email address: _____ Are you a first time home buyer? _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____ Gender: Male Female Other

Race: Black/African American White/Caucasian Asian Hispanic/Latina Other

Marital Status: Married Divorced Single Widowed Over 60 years old? Yes No Annual Income: \$ _____

Are you: Disabled Foreign Born Female Head of Household Male head of household US Citizen Veteran

Total number in household: _____ What are the ages of minor household members: _____

Income Sources: Employment Unemployment SSD/SSI Pension Child Support Public Assistance Other

Highest level of Education completed: _____

Employer's Name: _____ Years at Job: _____ State: _____

Who may we thank for referring you to HOMECORP? _____

What services are you interested in? Financial Literacy (budgeting, Savings, Understanding credit report, Managing finances)
 First time home buying Education/Counseling Foreclosure Prevention/Loss Mitigation Post Purchase homeownership
 Reverse Mortgage Rental Counseling/Education Fair Housing Education/Information Homeless Prevention/Services
 Refinance Other

Where do you file your taxes annually? H & R Block Jackson Hewitt Liberty Tax CPA Other

Applicant Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

ALL INFORMATION IS CONFIDENTIAL, AND MAY BE SHARED WITH YOUR PERMISSION TO OTHER AGENCIES WHICH ASSIST HOMECORP TO OFFER VARIOUS PRODUCTS AND SERVICES. PLEASE MAKE SURE THE INFORMATION ON THIS FORM IS ACCURATE, AS IT MAY AFFECT HOMECORP'S ABILITY TO SERVE YOU.



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INTAKE FORM: Please complete intake form completely prior to meeting Homeownership Counselor

Co-Borrower: Last Name _____ First Name: _____

Street Address: _____ Apt#: _____

Town: _____ State: _____ Zip code: _____ County: _____

Home#: _____ Cell#: _____ How long you lived there? _____

Email Address: _____ Are you a first time homebuyer? Yes or No

Date of Birth: _____ Social Security #: _____ - _____ - _____ Gender: Male Female Other

Race: African American/Black Asian Hispanic/Latino Caucasian/White other

Marital Status: Married Divorced Single Widowed Over 60 years old : Yes No Annual Income: \$ _____

Are you: Disabled Foreign Born Female head of household Male head of household US citizen Veteran

Total number in household: _____ What are the ages of minor household minors: _____

Income Sources: Employment Unemployment SSD/SSI Pension Child Support Public Assistance Other

Highest level of education completed: _____

Employer's Name: _____ Years at Job: _____ State: _____

Who may we thank for referring you to Homecorp? _____

Which Services are you interested in? Financial Literacy (budgeting, savings, understanding credit report, managing finances) First time home buying Education/Counseling Foreclosure Prevention/Loss Mitigation Post purchase homeownership Reverse Mortgage Rental Counseling/Education Fair Housing Education/Information Homeless Prevention/Services Refinance Other

Where do you file your taxes annually? H&R block Jackson Hewitt Liberty Tax CPA Other

Co-borrower Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

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Client Action Plan

Name: _____ **File #:** _____ **Date:** _____

Housing Need: _____

Housing Goal: _____

Type of Service:

- Budgeting or Money Management
- Credit Review
- Mortgage Delinquency
- Pre-purchase Counseling
- Debt Repayment
- Other _____

Budget Assessment Summary:

Total Gross Monthly Income	\$	_____
Monthly Mortgage/Rent	\$	_____
Housing Ratio	%	_____
Net Monthly Income	\$	_____
Total Monthly Living Expense	\$	_____
Monthly Debt Obligation	\$	_____
Discretionary Income Left Over	\$	_____
DTI	%	_____

Client Obstacles:

- 1 _____
- 2 _____
- 3 _____

Counselor Strategies:

- 1 _____
- 2 _____
- 3 _____

Clients Tasks with Timelines:

- 1 _____
- 2 _____
- 3 _____

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____



HEMOCORP PRIVACY POLICY

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Homes of Montclair Ecumenical Corp. (HEMOCorp) is 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does HEMOCorp collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization.

The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to HEMOCorp employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct HEMOCorp to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project

partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit HOMECorp’s ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the “Release” clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that HOMECorp make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that HOMECorp will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting HOMECorp.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date

RELEASE: I hereby authorize HOMECorp to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date



HOME Corp DISCLOSURE FORM

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: HOME Corp is a nonprofit community based housing and financial counseling agency. We provide free education workshops and an array counseling services including pre-purchase counseling, financial counseling, budget and credit counseling, rental counseling and services for the homeless, including one-on-one and group education classes. We offer referrals and outreach to those impacted by foreclosures. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. HOME Corp owns and manages rental properties. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant in HUD's Housing Counseling Program, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor HOME Corp employees, agents or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying HOME Corp or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperatively with your housing counselor and/or HOME Corp with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>	
<p>_____/_____ Initials</p>	

Agency Conduct: No HOME Corp employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: HOME Corp has financial affiliation or professional affiliations with Housing and Community Development Network of New Jersey (HCDNNJ) as a sub grantee of its HUD Housing Counseling Program, NeighborWorks America, The State of New Jersey, Essex County, and banks including Investors Bank, TD Bank, Garden State Community Bank and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of HOME Corp or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: HOME Corp has a first-time homebuyer program developed in partnership with Banks, Realtors and Attorneys serving the region. However, you are not obligated to participate in this or other HOME Corp programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including but limited to the Federal Housing Administration (FHA) for first-time homebuyer loan programs, and local housing counseling agencies, such as, Tri-City People's Corporation or Consumer Credit Counseling Service of New Jersey, Inc. for other first-time homebuyer programs. **You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.**

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by

HOME Corp and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of HOME Corp’s Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree HOME Corp, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in HOME Corp counseling; and I hereby release and waive all claims of action against HOME Corp and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, HOME Corp, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with HOME Corp grantors such as HCDNNJ, HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to HOMECORP Program Disclosures.

Name 1

Signature

Date

Name 2

Signature

Date

Counselor Name

Signature

Date



MONTHLY BUDGET WORKSHEET

Monthly Bills/Expenses

Monthly Payments (estimates)

Monthly Mortgage/Rent	
Property Tax	
Home Insurance	
Water bill	
Cable Bill (includes; telephone, internet)	
Cell Phone	
Health Insurance	
Credit cards	
Personal loan	
Student loan	
Car loan	
Car insurance	
Groceries	
lunch	
Household Cleaning supplies	
Dry Cleaning/Laundry	
ETC.;	
ETC.;	

Borrower's Signature: _____

Counselor's Signature: _____

Date: _____

Documentation List

Two (2) most recent **Bank Statements**

Two (2) most recent **pay stubs**

Social Security or Pension most recent award letter

Most recent tax return (1040)

Utility Bills (gas, water, oil)

Copy of your state identification

Date of appointment: _____

Time of appointment: _____