



NHS BROOKLYN
COMMUNITY DEVELOPMENT CORPORATION, INC

2806 Church Avenue
Brooklyn, NY 11226
(718) 469-4679
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www.NHSBrooklyn.org

Homeownership Program PROFILE INTAKE FORM

Dear Prospective Client:

Thank you for your interest in the Homeownership Program. You've made a big first step. NHS Brooklyn is here to assist you in making homeownership a success.

NHS Brooklyn is a not-for-profit, community-based housing organization established in 1982. We are dedicated to serving the housing needs of Brooklyn residents. Our mission is to revitalize communities through various lending programs and financial educational services, one of which is our First-Time Homebuyer Program.

The Homeownership Program is designed to support low- to moderate-income households and beyond to realize their dream of homeownership through our programs, which include informational seminars, down payment and closing cost assistance, individual counseling, mortgage referral services, and more.

Please complete the attached application package and return it to us with a non-refundable \$75.00 money order payable to "NHS BROOKLYN" as well as copies of all requested documents (see next page) for a Financial Analysis. You must submit the application and documents before a one-on-one counseling session is scheduled.

The Financial Analysis lets determine your affordability and credit health, establish short- and long-term goals, identify possible closing cost and down-payment assistance, and see how else we can assist you. A client cannot enroll in our Homebuyer Education Course without first having a Financial Analysis followed by a one-on-one counseling session.

You can mail in your package or deliver it personally to:

Attn: Homeownership Department
2806 Church Avenue
Brooklyn, NY 11226

Once the package has been received and reviewed, we will contact you to advise you of the next step.

If you have any questions, feel free to contact the Homeownership Department at 718-469-4679. We are looking forward to assisting you with your home-buying needs.

Sincerely,

Program Manager



Homeownership Program DOCUMENTS REQUIRED FOR COUNSELING

Please note: **ALL DOCUMENTS** listed below must be submitted **PRIOR** to your one-on-one counseling session:

1. \$75 Money Order made out to NHS Brooklyn (This is a **NON-REFUNDABLE** fee)
2. Completed and signed Intake Form
3. PHOTOCOPIES (no originals!) of the following documents for all applicants:
 - a. Applicants who receive a SALARY must submit:
 - Federal and State Income Tax Returns—2 most recent years with all schedules and W2s (and 1099s, if any)
 - Bank statements – 3 most recent, all pages for all checking and savings accounts, even if “blank”
 - Paystubs for all income sources—4 most recent if paid weekly, 2 most recent if paid bi-weekly
 - If have past credit problems, submit proof of payoff(s) and/or satisfaction, such as receipts, cancelled checks, letters of satisfaction, or settlement letters
 - b. Applicants who are SELF-EMPLOYED must submit:
 - Federal and State Income Tax Returns—2 most recent years with all schedules and 1099s
 - Year-to-date Profit and Loss Statement (P&L)
 - Personal bank statements—3 most recent, all pages for all accounts (checking and savings)
 - If have past credit problems, submit proof of payoff(s) and/or satisfaction, such as receipts, cancelled checks, letters of satisfaction, or settlement letters
 - Explanation letter regarding past or current delinquency

Incomplete packages will not be accepted!



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APPLICANT INFORMATION

Today's date: _____

How were you referred to NHS (friend, internet search, Facebook, Twitter, community event, etc.)? _____

First Name: _____ Last Name: _____ D.O.B. _____ Age: _____

Address (w/apt): _____ Apt.: _____ City: _____ State: _____ Zip Code: _____

Previous address if less than two years: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Gender: Male Female Are you a female, single head of household: Yes No

Marital Status (choose one): Married Single Separated Widowed Divorced

Veteran: Yes No Active military: Yes No

Is your current address a NYCHA property?
Yes No

Ethnicity - Hispanic: Yes No Foreign born: Yes No Proficient English speaker? Yes No

Race: Black/African American White/Caucasian Native American Asian Pacific Islander Other: _____

Highest Level of Education (choose one): College Vocational High School/GED Primary School None

Current Housing (choose one): Homeowner with mortgage Homeowner without mortgage Renter Other: _____

Number of People in Household: _____ Number of Children in Household (Age 17 and under): _____

First-time Homebuyer (choose one): Yes No Household Gross Income: \$ _____

EMPLOYMENT

Applicant's Employer: _____ Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____



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CO-APPLICANT INFORMATION

Co-Applicant First Name: _____ Last Name: _____ D.O.B. _____ Age: _____

Address (w/apt): _____ Apt.: _____ City: _____ State: _____ Zip Code: _____

Previous address if less than two years: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Gender: Male Female Are you a female, single head of household: Yes No

Marital Status (choose one): Married Single Separated Widowed Divorced

Veteran: Yes No Active military: Yes No

Is your current address a NYCHA property?
Yes No

Ethnicity - Hispanic: Yes No Foreign born: Yes No Proficient English speaker? Yes No

Race: Black/African American White/Caucasian Native American Asian Pacific Islander Other: _____

Highest Level of Education (choose one): College Vocational High School/GED Primary School None

Current Housing (choose one): Homeowner with mortgage Homeowner without mortgage Renter Other: _____

Number of People in Household: _____ Number of Children in Household (Age 17 and under): _____

First-time Homebuyer (choose one): Yes No Household Gross Income: \$ _____

EMPLOYMENT

Applicant's Employer: _____ Title: _____

Start Date: _____ End Date (if applicable): _____ Self-Employed: Yes No

Business Type: _____ Monthly Gross Income: \$ _____ Monthly Net Income: \$ _____

SUBJECT PROPERTY (Complete if applicable)

Street address: _____ City: _____ State: _____ Zip code: _____

Land ownership type (choose one): Condo Co-op Fee simple # of Units: _____

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HOUSEHOLD BUDGET

Applicant Income (monthly averages)

Applicant's base pay	\$ _____
Applicant's overtime	\$ _____
Other earnings (explain)	\$ _____
Alimony	\$ _____
Bonuses	\$ _____
Child support	\$ _____
Commissions	\$ _____
Disability	\$ _____
Foster care	\$ _____
Interest	\$ _____
Military	\$ _____
Part-time work	\$ _____
Pensions	\$ _____
Public Assistance	\$ _____
Rental income	\$ _____
Social Security	\$ _____
SSI	\$ _____
Unemployment	\$ _____
Other income	\$ _____
Total Net Income:	\$ _____

Household Expenses (monthly averages)

Fixed expenses		
Auto:	a. Gas	\$ _____
	b. Repairs	\$ _____
	c. Insurance	\$ _____
	d. Auto loan	\$ _____
	Child support/Alimony	\$ _____
	Credit cards	\$ _____
	Credit collections	\$ _____
	Education	\$ _____
	Housing payment	\$ _____
	Installment loans	\$ _____
	Insurance	\$ _____
	Medical, dental, pharmacy	\$ _____
	Savings	\$ _____
	Taxes	\$ _____
	Telephone and cable	\$ _____
	Utilities	\$ _____

Co-Applicant Income (monthly averages)

Co-applicant's base pay	\$ _____
Co-applicant's overtime	\$ _____
Net rental income	\$ _____
Other earnings (explain)	\$ _____
Alimony	\$ _____
Bonuses	\$ _____
Child support	\$ _____
Commissions	\$ _____
Disability	\$ _____
Foster care	\$ _____
Interest	\$ _____
Military	\$ _____
Part-time work	\$ _____
Pensions	\$ _____
Public Assistance	\$ _____
Net rental income	\$ _____
Social Security	\$ _____
SSI	\$ _____
Unemployment	\$ _____
Other income:	\$ _____
Total Net Income:	\$ _____

Discretionary Expenses

Charity	\$ _____
Clothing	\$ _____
Daily work expenses	\$ _____
Dining out	\$ _____
Entertainment	\$ _____
Food and groceries	\$ _____
Gifts	\$ _____
Household items	\$ _____
Pet expenses	\$ _____
Transportation (bus, train)	\$ _____
Travel	\$ _____
Miscellaneous	\$ _____
Other: _____	\$ _____

Total Household Expenses: \$ _____



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AUTHORIZATION

I/We authorize Neighborhood Housing Services of Brooklyn, CDC, Inc. to: (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property; (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and (c) 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 me/us a loan and/or the title company that closed the loan.

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

PRINT Applicant Name: _____ Applicant Signature: _____ Date: _____

PRINT Co-Applicant Name: _____ Co-Applicant Signature: _____ Date: _____

PRIVACY POLICY and PRACTICES

Neighborhood Housing Services of Brooklyn, CDC, Inc. are 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 information shared, both orally and in writing, will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses, and person information concerning your financial circumstances will be provided to creditors, program managers, and others only with your authorization and signature. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

1. Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
2. Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage; and
3. Information we receive from a credit reporting agency, such as your credit history.

You may opt out of certain disclosures:

1. You have the opportunity to opt out of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to opt out, we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to opting out, you may call any of our offices at any time.

Release of your information to third parties:

1. So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I/We acknowledge that I/we have received a copy of Neighborhood Housing Services of Brooklyn, CDC, Inc. and its subsidiaries' Fee Schedule.

Applicant: _____ Date: _____

Co-Applicant Signature: _____ Date: _____