



Homeownership Program PROFILE INTAKE FORM

Dear Prospective Client:

Thank you for your interest in the Homeownership Program. You've taken 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. Dedicated to serving the housing needs of Brooklyn residents, our mission is to revitalize communities through 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. We offer informational seminars and webinars; down-payment and closing-cost assistance; one-on-one counseling; mortgage referral services; credit check; financial education; an online home buyer course; and more.

To begin the process of receiving your Certificate of Completion for Home Buyer Education, please:

- Complete this Intake Form
- Gather all required documents
- Visit www.nhsbrooklyn.org and selected the home-buyer education option to pay the \$75 fee for the first two people purchasing the home and \$25 for each additional person purchasing the home.
- Submit the Intake Form and all required documents. You may either:
 - **Email them** to homeownershipdept@nhsbrooklyn.org (preferable) **OR**
 - **Mail them** to NHS Brooklyn, Attn: Homeownership Dept., 2806 Church Avenue, Brooklyn, NY 11226 **OR**
 - **Make an appointment to drop them off** (NO WALK-INS!)

Once you have submitted your paperwork and fee, a homeownership counselor will call you to schedule a telephone counseling session that will include a Financial Analysis. The Financial Analysis lets us determine your credit health, establish short- and long-term goals, identify possible closing cost- and down-payment assistance, and see how else we can assist you.

We strongly recommend that clients receive one-on-one counseling and a financial analysis FIRST, before enrolling in our Homebuyer Education Course, because the course certificate expires and clients often need time to address issues that arise during one-on-one counseling.

Incomplete packages will not be accepted! No walk-ins!

If you have any questions, please 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 for **ALL PERSONS** who will be purchasing the property **PRIOR** to your one-on-one counseling session.

Incomplete packages will not be accepted!

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!



Homeownership Program INTAKE FORM – p. 1 of 4

APPLICANT INFORMATION

→ Today's date: _____

→ How did you hear about NHS Brooklyn (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: _____

Total number of people who will live in new home: _____ Number of children 17 & under who will live in new home: _____

Are you a First-time Homebuyer (choose one): Yes ☐ No ☐ Your Gross Income: \$ _____

Total gross income of all people who will live in the new home: _____

EMPLOYMENT

Applicant's Employer: _____ Title: _____

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

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

Homeownership Program INTAKE FORM – p. 2 of 4

SUBJECT PROPERTY

(Complete only if you have made an offer on a property and are in contract or have a closing date)

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

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

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: _____

First-time Homebuyer (choose one): Yes ☐ No ☐

Your 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: \$ _____



Homeownership Program INTAKE FORM – p. 3 of 4

HOUSEHOLD BUDGET

Applicant GROSS Income (monthly averages)

Applicant's monthly 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:	\$ _____

Co-Applicant GROSS 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:	\$ _____

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		\$ _____

Discretionary Monthly 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: \$ _____

Homeownership Program INTAKE FORM – p. 4 of 4

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 data, 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 may opt out of disclosures of your nonpublic personal information to third parties (such as your creditors); that is, you may 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 to opt out or not, please contact us.

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: _____

You may start the homebuyer education process by submitting a packet for one-on-one counseling. A packet consists of a completed Intake Form (available on our website), copies of all necessary documents, and payment.

- **Copies only.** Submit copies of all pages of required documents. We do not accept originals and we do not make copies. Do not black out anything on any document, or it will be considered altered.
 - **W-2 and 1099 forms** for 2018 and 2019 before 4/15/2021. After 4/15/2021: 2019 and 2020. Submit for all applicants.
 - **Paystubs.** Submit 2 of your most recent paystubs if you are paid every other week, and 4 if paid every week. Do not skip weeks; paystubs must be consecutive.
 - **Co-applicants.** Anyone purchasing the home with the Applicant is a Co-Applicant. Each Co-Applicant must complete the Co-applicant info (p. 2) and budget pages (p. 3), and sign and date the authorization and privacy statement (p. 4). Co-applicants must also submit copies of all required documents.
 - **Payment on our website using PayPal.** The \$75 fee is for one or two applicants. Add \$25 for each additional person who will be on the mortgage. Payments are non-refundable. If you do not have a PayPal account, you may use the site as a Guest.
 - **Bank pre-approval.** Do not go to a bank for pre-approval of a loan before receiving counseling, as doing so will lower your credit score, may not be the best kind of mortgage for the type of property you want to buy, may not be the best terms you can get, and may not be with a bank with whom we work to provide down-payment and closing-cost grants.
 - **Credit report.** Your counselor will do a “soft pull” of your credit history, which will not lower your credit score. Do not pull your own credit report and do not include one in your packet.
- **Check your packet for completeness.** Please check your packet for completeness before submitting. Incomplete packets cause delays and may be refused.
- **How to pay and where to submit your packet.** Please pay the \$75 fee \$75 for first two buyers plus \$25 for each additional buyer on our website here www.nhsbrooklyn.org/buying-first-home, add the receipt to your documents, and then either:
 - scan and email your Intake Form, documents, and receipt to homeownershipdept@nhsbrooklyn.org
 - mail your Intake Form, documents, and receipt to our office at: NHS Brooklyn, Homeownership Department, 2806 Church Avenue, Brooklyn, NY 11226
 - call 718-469-4679 for an appointment to drop off your Intake Form, documents, and receipt.
- **After packet submission.** Once your packet is submitted and complete, a counselor will contact you to set up a one-on-one telephone counseling session to determine your mortgage-readiness and next steps.
- **Financial coaching.** We encourage all clients, regardless of mortgage-readiness, to take one of our monthly Financial Coaching webinars. To register, please see the Upcoming Events section of our website: www.nhsbrooklyn.org If your situation is complicated, please call our office at 718-469-4679 and ask to speak to a financial education counselor for one-on-one assistance.

NOTE: We counsel home buyers who wish to purchase a first home anywhere in the US. Our grants, however, only apply to first homes located in one of the five boroughs of NYC (Brooklyn, Queens, Staten Island, Bronx, Manhattan). Please see our website for more information.