

HOUSING PARTNERSHIP

NeighborWorks®
HomeOwnership Center

Dear Renter,

Thank you for contacting the Housing Partnership for rental counseling! For the most efficient guidance possible, please read below to understand the procedure for arranging a counseling session.

1. Complete the attached Intake Package in its entirety and return it along with all required documents
2. Provide LEGIBLE SCANS or COPIES of all required documents listed on page two of the Intake Package
3. Confirm with our staff once documents have been sent to avoid any delays and to schedule your one to one appointment

The goals of our rental counseling service include:

1. Tips on communication with landlord for eviction prevention:
 - a. Coaching on how to start the conversation with landlord and creditors
 - b. Provide advocacy with your landlord
 - c. Sample communication letter provided
2. Review your current financial situation (budget review) and create emergency budget
3. Review credit reports and coaching on how to protect your credit
4. Evaluate your current and prepare future financial needs by creating an action plan
5. Provide list of resources that may be available to you

When your package is **complete**, please submit the **entire** package by:

- A. Email to intakes@hpnj.us
- B. Fax to 973 659 9220
- C. Mail to 2 East Blackwell St Suite 12 Dover, NJ 07801

Your Rental Counseling Specialist will contact you to confirm receipt of your package and schedule your virtual or by phone rental counseling session.

Sincerely,

Housing Partnership Staff

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INTAKE FORM

Date: _____

How did you hear about us? _____ Primary Language Spoken: _____

Household Size: _____ Section 8 Received: Y / N

HOUSEHOLD TYPE: Single Single w/Children Two more unrelated adults
 Married w/Children Married w/o Children Other

CLIENT A	First Name		Last Name		Are you a Veteran? Yes No	Are you head you're the Household? Yes No	Date of Birth	
					Active Military Duty? Yes No			
	Street Address (include apt. #)				Mailing Address (check if same as street address <input type="checkbox"/>)			
	Town		State	Zip	Town		State	Zip
	Email Address				Day Phone	Home Work Cell	Evening Phone:	Home Work Cell
	Education:			Race (Please circle all that apply):			Hispanic: Yes No	
						Foreign Born: Yes No		
						Gender: Male Female		
Employer				Town		Disabled: Yes No		

CLIENT B	First Name		Last Name		Relationship to Applicant:	Are you a Veteran? Yes No	Are you Head of the Household? Yes No	Date of Birth
						Active Military Duty? Yes No		
	Street Address (include apt. #)				Mailing Address (check if same as street address <input type="checkbox"/>)			
	Town		State	Zip	Town		State	Zip
	Email Address				Day Phone	Home Work Cell	Evening Phone:	Home Work Cell
	Education:			Race (Please circle all that apply):			Hispanic: Y N	
						Foreign Born: Y N		
						Gender:		
Employer				Town		Disabled: Y N		

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**BELOW ARE THE DOCUMENTS YOU MUST SUBMIT "PRIOR" TO YOUR APPOINTMENT
COPIES ONLY PLEASE!**

*Please return all completed intake packages to **chris.brogan@hpnj.us**

1. Completed and signed CREDIT AUTHORIZATION FORM
2. Completed Monthly Spending Plan
3. Copy of your driver's license – the copy must be legible
4. Copies of one months' worth of consecutive pay stubs for all working household members (if paid weekly, we need 4 pay stubs or if paid bi-weekly, we need 2 pay stubs)
5. Proof of any additional income such as court ordered Child Support/Alimony, SSI, Disability, etc.

6. **If Self-Employed provide , copies of your last 2 year's Tax Returns, including all pages and schedules**

I/We verify that I/we have completed and provided the items listed above.

Signature (Applicant A)

Date

Signature (Applicant B)

Date

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AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT

I authorize The Housing Partnership to obtain a consumer credit report on me. The Housing Partnership will use the consumer credit report to provide me with financial coaching and/or help me determine steps to improve or maintain my credit standing. Upon my request, The Housing Partnership will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report.

*I understand that credit inquiries have the potential to affect my credit score.

**I understand that this authorization is valid for 24 months.

_____	_____	_____
Print Name	Signature	Date
_____	_____	
Address	Phone Number	
_____	_____	
Social Security number	Date of Birth	
_____	_____	_____
Print Name	Signature	Date
_____	_____	
Address	Phone Number	
_____	_____	
Social Security number	Date of Birth	

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AUTHORIZATION

THIRD PARTY AUTHORIZATION FORM

1. I understand that the Housing Partnership provides housing counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that the Housing Partnership receives funds as a grantee through the U.S. Department of Housing and Urban Development (HUD) and a contracted sub grantee through the New Jersey Housing and Mortgage Finance Agency (NJHMFA) and, as such, is required to share some of my personal information with both HUD and NJHMFA program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for HUD and NJHMFA administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of the Housing Partnership's Privacy Policy.

THE FOLLOWING ARE OPTIONAL STATEMENTS THAT CAN BE INCLUDED IF APPLICABLE:

1. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
3. I understand that the Housing Partnership provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from the Housing Partnership in no way obligates me to choose any of these particular loan products or housing programs.

Client Name(s): _____

Client's signature _____ Date _____

Client's signature _____ Date _____

Counselor signature _____ Date _____

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PRIVACY POLICY

The Housing Partnership 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 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 personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on this form. 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

- Information we receive from you orally, on applications or other 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; and
- 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 your “opt-out”, you may call us at (973) 659-9222 and do so.

Release of your information to third parties

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.

We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

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.

Client’s signature _____ Date_____

Client’s signature _____ Date_____

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Program Disclosure

About Us and Program Purpose: The Housing Partnership NeighborWorks Home Ownership Center is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, landlord/tenant and eviction diversion counseling, and non-delinquency post-purchase counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Counselor's Roles and Responsibilities

- 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 Housing Partnership employees, agents, or directors may provide legal advice.

Client's Roles and Responsibilities

- 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 Housing Partnership 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.

Termination of Services: Failure to work cooperatively with your housing counselor and/or Housing Partnership with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

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.

Client Signature _____ Date _____

Client Signature _____ Date _____

Counselor Signature _____ Date _____

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Your Monthly Spending Plan

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Review and document your sources of income B. List your housing expenses C. List your food expenses D. List your transportation expenses | <ul style="list-style-type: none"> E. List your health expenses F. List your personal and family expenses G. List your financial expenses H. List your other expenses |
|--|---|

PART A – MONTHLY Net Income (Take Home Pay)	Amount	Start Date
1. Wages (take home pay): Wage earner 1	\$	
Wage earner second job	\$	
Wage earner 2	\$	
2. Child Support (received)	\$	
3. Alimony (received)	\$	
4. Social Security/Pension/Annuities	\$	
5. Unemployment/Disability	\$	
6. Other	\$	
PART A Total Net Income Add all entries & insert total	\$ <input style="width: 40px;" type="text"/>	
Total amount of emergency savings	\$	

PART B - MONTHLY Housing Expenses (Present Spending)	Current	Reduced Amount
1. Rent	\$	\$
2. Renter’s insurance	\$	\$
3. Utilities(like electricity and gas)	\$	\$
4. Internet, cable, and phones	\$	\$
5. Other housing expenses (like repairs)	\$	\$
PART B Total Housing Expenses Add all entries & insert total	\$ <input style="width: 40px;" type="text"/>	\$

PART C - MONTHLY Food Expenses	Current	Reduced Amount
1. Groceries and household supplies	\$	\$
2. Meals out /coffee	\$	\$
3. Lunches to work/school	\$	\$
Part C Total Food Expenses	\$	\$

PART D- Monthly Transportation Expenses	Current	Reduced Amount
1. Public Transportation/Tolls/EZ Pass/Taxi/Uber	\$	\$
2. Gas for car	\$	\$
3. Car Maintenance (like oil changes, tune ups, tires)	\$	\$
4. Car Insurance	\$	\$
5. Car Loan/Lease	\$	\$
Part D Total Transportation Expenses	\$	\$

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PART E – MONTHLY Health Expenses	Current	Reduced Amount
1. Medicine	\$	\$
2. Health Insurance (out of pocket-deductible)	\$	\$
3. Other health expenses (like doctors' appointments, contacts, eyeglasses)	\$	\$
PART E Monthly Health Expenses	\$	\$

PART F - MONTHLY Personal and Family Expenses	Current	Reduced Amount
1. Child Care / Summer Camp	\$	\$
2. Child Support (Paid)	\$	\$
3. Alimony (Paid)	\$	\$
4. Dues/Memberships (like gym or professional licenses)	\$	\$
5. Money given or sent to family	\$	\$
6. Clothing and shoes	\$	\$
7. Laundry/Dry Cleaning/Alterations	\$	\$
8. Donations to church or charities	\$	\$
9. Entertainment (like movies, daytrips, vacations, cigarettes, alcohol)	\$	\$
10. Other personal or family expenses (like beauty care, haircuts)	\$	\$
11. Gifts/birthday parties/special occasions	\$	\$
12. Life Insurance	\$	\$
PART F Monthly Personal and Family Expenses	\$	\$

PART G – MONTHLY Financial Expenses	Minimum Payment	Total Amount Owed
1. Charge Cards (Like VISA, DISCOVER, MASTER CARD, AMEX)	\$	\$
2. Student Loans	\$	\$
3. Personal Loans	\$	\$
4. Store Credit Cards	\$	\$
5. Collections	\$	\$
PART G Monthly Financial Expenses	\$	\$

PART H – OTHER MONTHLY EXPENSES	Current	Reduced Amount
1. School cost (supplies, tuition, student loans, school trips)	\$	\$
2. Prepaid Cards and phone cards	\$	\$
3. Other expenses	\$	\$
PART H Other Monthly Expenses	\$	\$

TOTAL INCOME: (Total part A)	—	TOTAL EXPENSES: (Total Part B-H)	=	AMOUNT YOU CAN SAVE:
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