



Neighborhood Housing
 Services Oklahoma
 NeighborWorks® Organization

Client Number _____
 Counselor: _____

CLIENT INTAKE

APPLICANT INFORMATION

Please Print Clearly

Name:

First

MI

Last

Address:

Street

City

State

Zip Code

Home:

Email:

Mobile:

Birth Date

Social Security #

Monthly Household Income:

Demographic Information:

Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native/Black <input type="checkbox"/> American Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian White <input type="checkbox"/> Black or African American <input type="checkbox"/> Black or African American/White <input type="checkbox"/> Chose Not to Respond <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Chose Not to Respond	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
	Foreign Born : Yes <input type="checkbox"/> No <input type="checkbox"/>	
	English Proficient: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Do you live in a Rural Community: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)? Yes No

Household Type (please select the most accurate)?

- | | |
|----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Female headed single parent household | <input type="checkbox"/> Male headed single parent household |
| <input type="checkbox"/> Single adult | <input type="checkbox"/> Married with children |
| <input type="checkbox"/> Two or more unrelated adults | <input type="checkbox"/> Married without children |
| <input type="checkbox"/> Other | |

Household Size : _____

How many dependents? _____

Highest Level of Education

- | | |
|----------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Never Attended School | <input type="checkbox"/> Grades K Through 8 |
| <input type="checkbox"/> Grades 9 Through 11 (Some HS) | <input type="checkbox"/> Grade 12/GED |
| <input type="checkbox"/> College 1-3 Years | <input type="checkbox"/> College 4 Years |
| <input type="checkbox"/> Doctorate/Masters/Professional degree | |

CO-APPLICANT INFORMATION

Please Print Clearly

Name:

First

MI

Last

Address:

Street

City

State

Zip Code

Home: _____

Email: _____

Mobile: _____

Can you receive text: _____

Social Security # _____

Birth Date _____

Demographic Information:

<p>Race:</p> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native/Black <input type="checkbox"/> American Indian/Alaskan Native/White <input type="checkbox"/> Asian <input type="checkbox"/> Asian White <input type="checkbox"/> Black or African American <input type="checkbox"/> Black or African American/White <input type="checkbox"/> Chose Not to Respond <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> White	<p>Ethnicity:</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Chose Not to Respond	<p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p>
	<p>Foreign Born (please select one): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>English Proficient Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you live in a Rural Community Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p>	

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)? Yes No

Highest Level of Education

<input type="checkbox"/> Never Attended School	<input type="checkbox"/> Grades K Through 8
<input type="checkbox"/> Grades 9 Through 11 (Some HS)	<input type="checkbox"/> Grade 12/GED
<input type="checkbox"/> College 1-3 Years	<input type="checkbox"/> College 4 Years
<input type="checkbox"/> Doctorate/Masters/Professional degree	

Applicant(s) Questions:

Who referred you to NHSOKLA? _____

What counseling services are you needing?

- Credit Counseling
- Mortgage Default Counseling
- Post Purchase Counseling
- Financial Counseling
- Pre-Purchase

Is this counseling required? Yes No **If yes by who?** _____

AUTHORIZATION

I authorize Neighborhood Housing Services Oklahoma (NHSOKLA) to:

- ◆ 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;
- ◆ pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- ◆ 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.
- ◆ I understand that NHSOKLA receives Congressional funds through HUD and NeighborWorks America programs and, as such, is required to share some of my personal information with the said program administrators or their agents for purposes of program monitoring, compliance and evaluation.

Counseling Disclosure

Neighborhood Housing Services Oklahoma (NHSOKLA) provides the following services:

- ◆ Housing Counseling which includes pre-purchase and default counseling
- ◆ Group education which includes Home Buyer Education
- ◆ Down Payment Assistance Programs which include City of Oklahoma City and Cleveland/Logan Counties and Neighborhood Stabilization Program.
- ◆ Affordable homes for sale and rent.
- ◆ NHSOKLA does not have any financial relationships between our Agency and any other industry partners.
- ◆ While affordable homes, rental properties, lending products and other forms of assistance might be available through NHSOKLA, the client is under no obligation to utilize these services. Clients have a right to use loan products than those offered by the agency and purchase or rent properties other than those owned by the agency.
- ◆ NHSOKLA will limit referring services to those within their training and expertise, and refrain from giving legal, tax or accounting advice unless licensed to do so. Non-homeownership issues should be referred to other appropriate agencies to serve clients fully.
- ◆ NHSOKLA staff shall not give payment or receive payment from an outside source for a referral unless professional services of comparable value have been provided.
- ◆ NHSOKLA will avoid actual and the appearance of conflicts of interest. NHSOKLA will inform clients when a real or potential conflict of interest arises and take all necessary steps to resolve the issue in a manner that makes the clients' interests primary and protects clients'. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the clients.
- ◆ NHSOKLA respect clients' right to privacy. Private information will not be requested from clients unless it is critical to providing services. Once private information is shared, privacy laws apply as well as client confidentiality.

Client Signature

Date

Client Signature

Date



NEIGHBORHOOD HOUSING
SERVICES OKLAHOMA

Consent

To whom it may concern;

I _____ give permission for _____ to speak on my behalf and communicate with Neighborhood Housing Services Oklahoma (NHSOKLA) concerning my mortgage with _____ Loan# _____.

Signature

Before me _____, a notary public in and for the above named, on this day of _____ personally appeared _____ to be the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

My Commission Expires: _____

Notary Public

My Commission Number: _____



NEIGHBORHOOD HOUSING SERVICES OKLAHOMA

4301 N. Classen Boulevard, Oklahoma City, OK 73118
Phone 405-231-4663 Fax 405-231-5137
nhsokla.org

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 - Affordable homes for sale and rent.
- NHSOKLA receives monetary donations to support our mission from the following institutions:
 - Bank of Oklahoma
 - Chase Bank
 - Bank of America
 - Wells Fargo Bank
 - Midfirst Bank
- While affordable homes, rental properties, lending products and other forms of assistance might be available through NHSOKLA, the client is under no obligation to utilize these services. Clients have a right to use loan products than those offered by the agency and purchase or rent properties other than those owned by the agency.
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NEIGHBORHOOD HOUSING
SERVICES OKLAHOMA

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Financial Capabilities

Goal Setting and Action Planning

Name:

Address:

Phone Number:

Email Address:

What is your long term goal? _____

Target date to reach your goal? _____

What are some barriers you feel you have that are keeping you from reaching your long term goal?

What have you tried so far in working through those barriers?

What would you like more information on so that you can work through those barriers?

What are your 3 short term goals?

(1) _____

Target date to reach your goal? _____

(2) _____

Target date to reach your goal? _____

(3) _____

Target date to reach your goal? _____

What are some barriers you feel you have that are keeping you from reaching your short term goals?

What have you tried so far in working through those barriers?

What would you like more information on so that you can work through those barriers?

What do you already know about credit?

What do you plan to do if you run into financial trouble?

What are two things that you can do to help you stick to your goal?

Client Signature

Date

Counselor Signature

Date

Financial Capability Client Intake Budget

Client Name: _____

Date: _____

Client Name: _____

Client Number: _____

Counselor/Coach Name: _____

INCOME	MONTHLY AMOUNT
Wage: Job 1 (after-tax)	
Wage: Job 2 (after-tax)	
Wage: Job 3 (after-tax)	
Income: Self-employment	
Social Security or Supplemental Security Income	
Public Assistance	
SNAP (Food Stamps)	
Child Support	
Other	
Other	
Other	
TOTAL TAKE-HOME INCOME	

Expenses	MONTHLY AMOUNT	Expenses	MONTHLY AMOUNT
Housing Expenses & Utilities		Health Expenses	
Rent or Mortgage Payment		Health Insurance Payment	
Renters/Homeowner Insurance		Doctor/Dentist Co-Pays	
Electric and/or Gas		Prescription Medications	
Heat		Other	
Water		TOTAL	
Telephone (Land Line and/or Cell)		Other Expenses	
Cable/Internet		Student Loan Payments	
Other		Loans	
Other		Credit Card Payments	
TOTAL		Child Care	
Transportation Expenses		Travel	
Car Payment		Pet Food/ Care/ Supplies	
Gas		Life Insurance	
Car Insurance		Dental Insurance	
Public Transportation		Vision Insurance	
TOTAL		Entertainment	
Food Expenses		Personal Care/Grooming	
Groceries		Cleaning Supplies	
Eating Out (Restaurants, snacks, etc.)		Clothing/Laundry	
Other		Other	
TOTAL		TOTAL	
TOTAL EXPENSES			

TOTAL MONTHLY NET OR "DISPOSABLE" INCOME
(Income-Expenses)



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Phone 405-231-4663 Fax 405-231-5137
nhsokla.org

Privacy Policy Statement

Neighborhood Housing Services Oklahoma (NHSOKLA) 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. 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 (phone number) and do so.

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 or former customers 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.



Neighborhood Housing Services Oklahoma (NHSOKLA) se compromete a garantizar la privacidad de los individuos y / o familias que nos han contactado para obtener ayuda. Nos damos cuenta de que las preocupaciones que nos traen son muy personales en la naturaleza. Le aseguramos que toda la información compartida tanto de forma oral o escrita será tratada dentro de las consideraciones legales y éticos. Su "información personal privada", como su información total de la deuda, los ingresos, los gastos de mantenimiento e información personal referente a su situación financiera, se proporcionará a los acreedores, los monitores del programa, y otros sólo con su autorización y firma. También podemos utilizar la información agregada anónima expediente del caso con el propósito de evaluar nuestros servicios, la recopilación de información valiosa de la investigación y el diseño de futuros programas.

Tipos de información que recogemos sobre usted

- La información que recibimos de usted por vía oral, en aplicaciones u otras formas, tales como su nombre, dirección, número de seguridad social, activos e ingresos;
- Información acerca de sus transacciones con nosotros, sus acreedores, u otros, tales como el saldo de su cuenta, historial de pagos, las partes en las transacciones y uso de tarjetas de crédito; y
- Información que recibimos de una agencia de informes de crédito, tales como su historial de crédito.

Usted puede optar por dejar de ciertas divulgaciones

1. Usted tiene la oportunidad de "opt-out" de las divulgaciones de su información personal privada a terceros (como sus acreedores), es decir, que nos indique para hacer esas revelaciones.
2. Si decide "opt-out", que no será capaz de responder a las preguntas de sus acreedores. Si en cualquier momento, desea cambiar su decisión con respecto a su "opt-out", puede llamar al (número de teléfono) y hacerlo.

Divulgación de su información a terceros

1. Siempre y cuando usted no ha optado por no, podemos divulgar parte o la totalidad de la información que recogemos, como se ha descrito anteriormente, a sus acreedores o de terceros cuando hemos determinado que sería útil para usted, que nos ayude en el que el asesoramiento, o es un requisito de la concesión de subvenciones que hacen posible nuestros servicios.
2. También podemos revelar información personal privada sobre usted o clientes anteriores a nadie lo permitido por la ley (por ejemplo, si nos vemos obligados por los procesos legales).
3. Dentro de la organización, que restringen el acceso a la información personal no pública sobre usted a aquellos empleados que necesitan conocer esa información para proporcionar servicios a usted. Mantenemos medidas de seguridad física, electrónica y de procedimiento que cumplen con las regulaciones federales para proteger su información personal privada.



Neighborhood Housing Services Oklahoma

NeighborWorks® Organization

I _____ (print name) understand that Neighborhood Housing Services Oklahoma is not obligated to provide copies of documents for any other purpose other than the assistance I am receiving. If at any time documents are needed as part of my assistance proof will be required in writing and approved by NHSOKLA staff. I understand that if my request is approved, NHSOKLA has up to 48 business hours to provide the documents requested.

Sign

Date

Sign

Date