



Customer # _____
(FOR OFFICE USE ONLY) Intake

Date _____

CUSTOMER

NAME: _____
FIRST MI LAST SUFFIX

SOCIAL SECURITY NUMBER _____ - _____ - _____ BIRTHDATE ____/____/____

CO-APPLICANT: _____
SOCIAL SECURITY NUMBER _____ - _____ - _____ BIRTHDATE ____/____/____

STREET _____

CITY STATE ZIP

HOME: (____) _____ - _____ WORK: (____) _____ - _____ EXT. _____

FAX: (____) _____ - _____ MOBILE: (____) _____ - _____

EMAIL: _____

EMPLOYER: _____ LENGTH OF EMPLOYMENT _____

ESTIMATED HOUSEHOLD MONTHLY INCOME: \$ _____

MARITAL STATUS: Married Separated Divorced Widowed Single

NUMBER OF DEPENDENTS: _____ AGES: _____

CURRENT HOUSING ARRANGEMENT:
 Rent Own Homeless Other (specify) _____

Single Head of Household Female Head of Household First Time Home Buyer

Owned Home in Last 3 Years

MORTGAGE COMPANY 1ST _____ 2ND _____

MORTGAGE RATE (1ST): _____% Fixed Arm If Arm: Option OR Hybrid

LOAN NUMBER _____

MORTGAGE RATE (2ND): _____% Fixed Arm If Arm: Option OR Hybrid

LOAN NUMBER _____

RACE: American Indian/Alaskan Native Asian/Pacific Islander Black/Non-Hispanic Hispanic White/Non-Hispanic Other

Were you born in the United States? Yes No If no then where _____

CITIZENSHIP: US Citizen Permanent Non-Resident

Are you: Disabled US Veteran

GENDER: Male Female

LEVEL OF EDUCATION COMPLETED: _____

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU HAD HOUSING COUNSELING BEFORE? Yes No

IF SO WHEN AND WHERE? _____

AUTHORIZATION

I AUTHORIZE NEIGHBORWORKS WESTERN PENNSYLVANIA HOMEOWNERSHIP CENTER TO:

- a) PULL MY CREDIT REPORT, & REVIEW MY CREDIT FILE, FOR HOUSING COUNSELING IN CONNECTION WITH POST-PURCHASE & ACT 91/HEMAP COUNSELING, AND/OR FOR INFORMATIONAL INQUIRY PURPOSES,
- b) SHARE THIS INFORMATION WITH, OR GRANT AUTHORITY TO, ITS PARTICIPATING AGENCIES AND FINANCIAL INSTITUTIONS THAT ARE INVOLVED IN OBTAINING POST-PURCHASE AND/OR EQUITY PROTECTION COUNSELING,
- c) CONTACT FINANCIAL INSTITUTIONS, SOCIAL SERVICE AGENCIES AND GOVERNMENT AGENCIES TO DISCUSS POTENTIAL SOLUTIONS TO ISSUES RAISED DURING COUNSELING SESSIONS

CUSTOMER

DATE

CO-APPLICANT

DATE



Conflict of Interest Disclosure Form

1. I understand that *NeighborWorks® Western Pennsylvania* provides foreclosure mitigation 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 *NeighborWorks® Western Pennsylvania* receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such is required to share some of my personal information with the NFMC program administrators or their agents for the purpose of program monitoring, compliance and evaluation.
3. I give permission for the NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30th, 2010 and to give authorization for the NFMC program administrators and/or their agents to follow up with me between now and June 30th, 2010 for the purpose of program evaluation.
4. I acknowledge that I have received a copy of *NeighborWorks® Western Pennsylvania* Privacy Policy.
5. 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.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for the appropriate legal services.
7. I understand that *NeighborWorks® Western Pennsylvania* provides information and education on numerous loan products and housing programs and I further understand that the counseling I receive from *NeighborWorks® Western Pennsylvania* in no way obligates me to choose any of these particular loan products or housing programs.

Client signature

Date

Client signature

Date