

Garwyn Oaks Northwest Housing Resource Center Intake Form- Pre-Purchase

Applicant

Please Print Clearly

Name: _____ Email: _____
First MI Last

Street _____ Home (____) _____ - _____

City _____ State _____ Zip _____ Cell (____) _____ - _____

_____ - _____ - _____ / ____ / ____
Social Security Number Date of Birth

Race (please circle):

White Black or African American Asian Native American/Alaskan Native Native Hawaiian/Other Pacific Islander
Pacific Islander Other/Multi-Racial

Ethnicity (please circle): Hispanic Non-Hispanic

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Highest Level of education: Some High School High School Some College College Graduate Masters Doctoral

Head of household? Yes No

Co-Applicant

_____ Email: _____
First MI Last

Street _____ Home (____) _____ - _____

City _____ State _____ Zip _____ Cell (____) _____ - _____

_____ - _____ - _____ / ____ / ____
Social Security Number Date of Birth

Race (please circle):

White Black or African American Native American/Alaskan Native Asian Native Hawaiian/Other Pacific Islander
Other

Ethnicity (please circle): Hispanic Non-Hispanic

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Highest Level of education: Some High School High School Some College College Graduate Masters Doctoral

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

Household Information

- 1. Female headed single parent household 2. Male headed single parent household 3. Single adult
- 4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **How many dependents** (other than those listed by any co-borrower)? _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship	Age	Relationship	Age
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Gross Annual Household Income: \$ _____

APPLICANT EMPLOYMENT — Last 2 Years *Please Print Clearly*

Primary Employer: _____ **Hire Date:** _____

Title: _____

Street	City	State	Zip Code
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Phone: (____) _____ - _____

Part-Time or Full-Time *(Please Circle)*

Gross Income per pay (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

Secondary or Previous Employer: _____ **Hire Date:** _____

Title: _____

Street	City	State	Zip Code
--------	------	-------	----------

Phone: (____) _____ - _____

Part-Time or Full-Time *(Please Circle)*

Gross Income per pay (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____ **Hire Date:** _____

Title: _____

Street	City	State	Zip Code
--------	------	-------	----------

Phone: (____) _____ - _____

Part-Time or Full-Time *(Please Circle)*

Gross Income per pay (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Secondary or Previous Employer: _____ **Hire Date:** _____

Title: _____

Street	City	State	Zip Code
--------	------	-------	----------

Phone: (____) _____ - _____

Part-Time or Full-Time *(Please Circle)*

Gross Income per pay (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please Print Clearly*

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

ADDITIONAL INFORMATION

	<i>APPLICANT</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a disability?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>

Referred to by (please circle all that apply)

Print Advertisement Bank/lender Government TV Realtor
 Staff/Board member Walk-In Friend Radio Newspaper Article
 Specific name or person, real estate agent or lender who referred our program: _____

AUTHORIZATION

I authorize the Housing Counseling Agency to:

- (a) Assist my real estate agent, my lender, my title company, and myself in obtaining a home.
- (b) Obtain a copy of the purchase contract, and Closing Disclosure 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.

Applicant

Date

Co-Applicant

Date

Client Budget Worksheet Client Name: _____

Directions: Document your monthly income and expenses. Do your best and keep in mind this information is used by your counselor to determine your financial situation.

Gross Monthly Income: _____ **Net Monthly Income:** _____

Housing Expenses:

Rent or Housing Payment: _____ Landline Phone: _____

Utilities (BGE, Water, Oil): _____ Cable/ Internet: _____

Renters Insurance: _____ Cell Phones: _____

Transportation:

Car Payment: _____ Parking/ Tolls: _____

Gas: _____ Public Transportation: _____

Insurance: _____

Human Expenses:

Childcare: _____ Medications: _____

School Activities/ School Supplies: _____ CoPays/ other health needs: _____

Clothing: _____ Gym or Fitness: _____

Groceries: _____ Entertainment: _____

Toiletries/ Personal Care: _____ Miscellaneous: _____

Pet Care: _____ Savings: _____

Child Support: _____ Life Insurance: _____

Debts:

Credit Card Payments: _____ Personal Loans: _____

Student Loans: _____ Medical Bills: _____

Total Monthly Expenses: _____

_____ - _____ = _____
Total Net Monthly Income **Total Monthly Expenses** **Monthly Surplus or Shortage**

**BALTIMORE CITY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FAMILY/HOUSEHOLD INCOME
VERIFIABLE CERTIFICATION**

Information on your annual family or household income is required to determine your eligibility to benefit from some Community Development Block Grant (CDBG) Program assisted activities. Each applicant is required to provide information regarding the number of persons in their family or household including the respective total annual gross income. Information provided is subject to verification by representatives of the City of Baltimore and the U.S. Department of Housing and Urban Development (HUD).

NOTE: "Income" is the total annual income of all family or household members as of the date of application. Income of all persons in the family or household **must** be included in calculating family or household income whether or not all family or household members receive assistance. Estimate the annual income by projecting the prevailing rate of income of each person at the time assistance is provided to the family or household. Report all income sources that you would include on a Federal income tax return.

INSTRUCTIONS:

- 1) **Circle the number of persons** in your family or household (adults and children, including you).
- 2) **Within the selected column** circle the income limit that is closest to your family or household gross income but **is NOT LESS THAN** your family or household's gross income. Note that household income includes the monies earned and/or benefits received by all household members.
- 3) **Sign and date** the bottom to certify your family or household size and income.

FEDERAL FISCAL YEAR 2020 - CDBG PROGRAM INCOME LIMITS – EFFECTIVE JULY 1, 2020									
BALTIMORE CITY, MD	Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
MEDIAN FAMILY INCOME	Extremely Low Income (30% of Median)	\$21,850	\$25,000	\$28,100	\$31,200	\$33,700	\$36,200	\$38,700	\$41,200
\$104,000	Low Income (50% of Median)	\$36,400	\$41,600	\$46,800	\$52,000	\$56,200	\$60,350	\$64,500	\$68,650
	Moderate Income (80% of Median)	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650
	Over 80% of Median Income	Over \$54,950	Over \$62,800	Over \$70,650	Over \$78,500	Over \$84,800	Over \$91,100	Over \$97,350	Over \$103,650

Source: U.S. Department of Housing and Urban Development. Data located at: <https://www.hudexchange.info/resources/5334/cdbg-income-limits/>

APPLICANT STATEMENT: By signing this form, I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information as an applicant for federally funded assistance or services, which may include immediate repayment of funds received and /or prosecution under applicable law. I understand that the information on this form is subject to verification by representatives of Baltimore City, HUD or other Federal agencies and the Federal False Claims Act, 31 U.S.C. §3729 et. seq. Upon request, I agree to provide, supporting documentation on my family or household gross income including sources.

Applicant Name (Please Print): _____

Current Address: _____ **Zip Code:** _____

Applicant Signature: _____ **Date:** _____

-----**STAFF USE ONLY**-----

The above information has been reviewed to determine applicant's eligibility for assistance.

Staff Name (Print): _____ **Staff Name (Signature):** _____ **Date** _____

Title (Print): _____

**RACE AND ETHNICITY SELF-IDENTIFICATION
DATA COLLECTION FORM**

Please answer the following questions. This information will be used to help determine the range of persons to whom the benefits of this program are made available.

Ethnicity

Do you identify yourself as (select only one):

- Hispanic or Latino
- Not Hispanic or Latino

Race

Do you identify yourself as (select one or more):

- White
- Black/African American
- Asian
- Black/African American *and* White
- American Indian/Alaskan Native *and* Black/African American
- Other Multi-Racial Category
- American Indian/Alaskan Native *and* White
- Asian *and* White
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

Family/Household Characteristics (write number that reflects your household composition)

Applicant is female head of household? Yes No

Total family/household size # _____
Person with disabilities # _____
Person 62 years of age or older # _____
Fulltime student age 18 or over # _____
Child(ren) under the age of 18 years # _____

Applicant Full Name (Please Print): _____

Applicant Signature: _____ **Date:** _____

*****STAFF USE ONLY*****

Staff Name (Print): _____ **Staff Name (Signature):** _____

Title (Print): _____ **Date:** _____



GO Northwest Housing Counseling Disclosure

Client Counseling Agreement—GO Northwest Housing Resource Center, a HUD certified housing counseling agency will provide you with a confidential, comprehensive housing counseling session, conducted by a professionally trained housing counselor.

Services—GO Northwest conducts Pre-purchase Home-buying counseling, Mortgage Delinquency Counseling, Post-purchase counseling, and Financial Fitness counseling. GO Northwest Housing Resource Center is also a referral source for the Healthy Neighborhoods Loan Initiative.

Purpose— The purpose of the housing counseling program is to help our clients obtain, maintain or retain housing. The counselor will analyze client's credit, budget and savings to identify client's financial barriers. It is the responsibility of the client to overcome financial barriers. It is the duty of the counselor to provide guidance, education, and resources.

Guarantee—GO Northwest Housing Resource Center does not guarantee that clients will receive mortgage financing from the chosen lender. In case of mortgage delinquency counseling, GO Northwest Housing Resource Center does not guarantee client will be able stay in the house or receive modification.

Eligible Criteria— GO Northwest Housing Resource Center provides pre purchase and mortgage delinquency counseling to customers who have their sessions within 6 months of the initial workshop. Clients will be terminated from the program for the following reasons: missing 2 or more sessions without contacting our office prior to the appointment and/or not providing required documents within 60 days of initial session.

Funding— GO Northwest Housing Resource Center is able to provide these services through the generous funding of the following: Community Development Block Grant, MD Department of Housing and Community Development, Healthy Neighborhoods, Inc., National Community Reinvestment Coalition (NCRC), Federal Department of Housing Urban Development (HUD), Wells Fargo Foundation, BB&T, Bank of America Foundation, TD Bank and M&T Bank.

Conflict of Interest—GO Northwest Housing Resource Center does not recommend any real estate agency, lender, title company, home inspection company, etc. and the information provided during counseling is educational in nature. The responsibility is on the client when choosing or dealing with real estate and lending professionals. The client is under no obligation to use any services provided by the agency or their funding partners in order to receive counseling services.

Confidentiality— The staff counselors may discuss information on credit history, personal financial circumstances, employment, or related problems to identified housing/credit issues with representatives of other firms or agencies as is necessary to seek a solution. Information about my personal circumstances will be treated with total confidentiality and at no time will information be released to any third party without my express written consent.

Record Keeping—All materials and information obtained is the property of GO Northwest Housing Resource Center and will be kept in a secured area. The Center will only accept copies and not originals of financial documents.

Empowerment—I authorize GO Northwest Housing Resource Center, its employees, agents, and volunteers to, on my behalf, contact, consult with, provide information to and receive information from those third parties that it deems necessary, in order to assist me with my housing situation and obtaining any additional services recommended by the Center. I will work in conjunction with the Center and understand that failure to do so will result in discontinuation of my counseling program. I recognize the need for housing counseling and pledge full cooperation with the counselor.

Liability—I agree to hold GO Northwest Housing Resource Center, its employees, agents, board members and volunteers harmless from any liability, damages, claims, suit, action, or demand asserted against or incurred by GO Northwest Housing Resource Center as a result of advice or counseling received from GO Northwest Housing Resource Center; and do hereby release and discharge GO Northwest Housing Resource Center, its employees, agents, and volunteers from any liability, damages, claim, suit, action, or demand asserted against or incurred by GO Northwest Housing Resource Center as a result of advice or counseling which I receive from GO Northwest Housing Resource Center.

Applicant's Signature

Date

Co-Applicant's Signature

Date



2300 Garrison Boulevard, Suite 140, Baltimore, MD 21216

Phone: 410-947-0084 Fax: 410-947-0087

www.go-northwesthrc.org

Privacy Policy and Practices

We at the GO Northwest Housing Resource Center, LLC value your trust and are committed to the responsible management, use, and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information, and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our housing counseling program and to provide counseling services to obtain a mortgage and purchase a home, avoid foreclosure, or financial fitness. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from real estate agent, lender, or third party with your approval

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, assets, debts and income;
- Information we receive from a credit-reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.
- Information about your transactions with us, real estate agents, lenders, and any other party to assist you with purchasing a home, avoid foreclosure or achieve financial goals;

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage loans or real estate agents
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box below to indicate your privacy choices.

Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development that is used only for program review, auditing, research, and oversight purposes.

Limit disclosure of my personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant Signature: _____

Co-Applicant Signature: _____

Your privacy instructions and any previous privacy instructions will remain in effect until you request a change. Your privacy is important to us so please let us know how we can better protect or secure your information.



Client Bill of Rights

Thank you for contacting GO (Garwyn Oaks) Northwest Housing Counseling Resource Center. We are committed and dedicated to helping you help yourself. To best serve the needs of our community, we must make full use of our scheduled appointment times. At the discretion of your counselor, you may be asked to reschedule your appointment if:

- You arrive too late for sufficient time to complete the counseling session.
- If there is a joint owner of accounts not present at this interview.
- If children are present and causing such disturbances that counselor cannot conduct counseling session.
- You neglected to bring in required documents for counseling.
- The counselor determines client is not able to effectively participate in the counseling.

Client Bill of Rights

We pledge that our clients have the right:

- To prompt counseling services for their housing situation;
- To be treated with dignity and respect;
- To be actively involved in a comprehensive assessment of their housing situation including an appropriate action plan;
- To discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed.
- To confidentiality

Compliant Resolution Process--We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

1. Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
2. If not possible or the issue is not resolved to your satisfaction, write or call GO Northwest Housing Resource Center's executive director at 410-947-0084 option 3.

NON-DISCRIMINATION POLICY

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to age, race, religion, color, gender, national origin, ethnicity, sexual orientation, sex, and disability.

Applicant's Signature

Date

Co-Applicant's Signature

Date