



GARWYN OAKS NORTHWEST HOUSING RESOURCE CENTER INTAKE FORM - PRE-PURCHASE

Applicant Please print clearly

Name: _____
First *MI* *Last*

Street Address _____ City _____

State _____ Zip code _____ County _____

Email Address _____ Mobile Phone # _____

Home Phone # _____ Work Phone # _____

D.O.B _____ SSN# _____ - _____ - _____

<p>Race</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Native American</p> <p><input type="radio"/> Native Hawaiian</p> <p><input type="radio"/> Pacific Islander</p> <p><input type="radio"/> Multi-racial</p> <p><input type="radio"/> Other</p>	<p>Ethnicity</p> <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Non-Hispanic</p>	<p>Marital Status</p> <p><input type="radio"/> Single</p> <p><input type="radio"/> Married</p> <p><input type="radio"/> Divorced</p> <p><input type="radio"/> Separated</p> <p><input type="radio"/> Widowed</p>	<p>Highest Level of Education</p> <p><input type="radio"/> Some High School</p> <p><input type="radio"/> High School</p> <p><input type="radio"/> Some College</p> <p><input type="radio"/> College</p> <p><input type="radio"/> College Graduate</p> <p><input type="radio"/> Masters</p> <p><input type="radio"/> Doctoral</p>
	<p>Gender</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>	<p>Head of Household</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	

Household Information Please print clearly

<p>Household Type</p> <p><input type="radio"/> Male single parent</p> <p><input type="radio"/> Female single parent</p> <p><input type="radio"/> Single Adult</p> <p><input type="radio"/> Two or more unrelated adults</p> <p><input type="radio"/> Married with children</p> <p><input type="radio"/> Married without children</p> <p><input type="radio"/> Other</p>	<p>Family/Household Size _____</p> <p>How many dependents? _____</p> <p>What are their ages? _____, _____, _____, _____, _____, _____, _____</p> <p>Will any non-dependents be living in the home? YES NO If yes, list below:</p> <p>_____ Relationship _____ Age _____ Relationship _____ Age _____</p> <p style="text-align: center;">Gross Annual Household Income \$ _____</p>
--	---

Applicant Employment*Please print clearly*

Primary Employer: _____ Title: _____ Hire Date: _____

Address: _____
Street City State Zip Code

Phone: (____) _____ - _____ Full-Time or Part-Time (please circle)

Gross income per paycheck (before taxes): \$ _____

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

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

Address: _____
Street City State Zip Code

Phone: (____) _____ - _____ Full-Time or Part-Time (please circle)

Gross income per paycheck (before taxes): \$ _____

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

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please print clearly*

Checking account (s)	\$
Saving Account (s)	\$
Cash	\$
CDs	\$
Securities (stocks, bonds, etc.)	\$
Retirement account	\$
Other Liquid Funds	\$

ADDITIONAL INFORMATION

- Are you a veteran? Yes No
- Do you have a disability? Yes No
- Have you owned a home in the last 3 years? Yes No
- Are you currently working with a real estate agent? Yes No
- Do you have a contract on a house at this time? Yes No

Referred to by*(please circle all that apply)*

- Print Advertisement Bank/Lender Government Media Realtor
- Staff / Board Member Walk-In Friend Radio Newspaper Article

Specific name of person, real estate agent or lender who referred you: _____



GARWYN OAKS NORTHWEST HOUSING RESOURCE CENTER INTAKE FORM - PRE-PURCHASE

Co - Applicant

Please print clearly

Name: _____
First MI Last

Street Address _____ City _____

State _____ Zip code _____ County _____

Email Address _____ Mobile Phone # _____

Home Phone # _____ Work Phone # _____

D.O.B _____ SSN# _____ - _____ - _____

<p>Race</p> <p><input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Native Hawaiian <input type="radio"/> Pacific Islander <input type="radio"/> Multi-racial <input type="radio"/> Other</p>	<p>Ethnicity</p> <p><input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic</p>	<p>Marital Status</p> <p><input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed</p>	<p>Highest Level of Education</p> <p><input type="radio"/> Some High School <input type="radio"/> High School <input type="radio"/> Some College <input type="radio"/> College <input type="radio"/> College Graduate <input type="radio"/> Masters <input type="radio"/> Doctoral</p>
<p>Gender</p> <p><input type="radio"/> Male <input type="radio"/> Female</p>		<p>Head of Household</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	

Household Information

Please print clearly

<p>Household Type</p> <p><input type="radio"/> Male single parent <input type="radio"/> Female single parent <input type="radio"/> Single Adult <input type="radio"/> Two or more unrelated adults <input type="radio"/> Married with children <input type="radio"/> Married without children <input type="radio"/> Other</p>	<p>Family/Household Size _____</p> <p>How many dependents? _____</p> <p>What are their ages? _____, _____, _____, _____, _____, _____</p> <p>Will any non-dependents be living in the home? YES NO If yes, list below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;"></td> <td style="width: 25%; border-bottom: 1px solid black;"></td> <td style="width: 10%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Relationship</td> <td style="text-align: center;">Age</td> <td style="text-align: center;">Relationship</td> <td style="text-align: center;">Age</td> <td colspan="2"></td> </tr> </table> <p>Gross Annual Household Income \$ _____</p>							Relationship	Age	Relationship	Age		
Relationship	Age	Relationship	Age										

Co-Applicant Employment*Please print clearly*

Primary Employer: _____ Title: _____ Hire Date: _____

Address: _____
Street City State Zip Code

Phone: (____) _____ - _____ Full-Time or Part-Time

Gross income per paycheck (*before taxes*): \$ _____

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

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

Address: _____
Street City State Zip Code

Phone: (____) _____ - _____ Full-Time or Part-Time

Gross income per paycheck (*before taxes*): \$ _____

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

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please print clearly*

Checking account (s)	\$
Saving Account (s)	\$
Cash	\$
CDs	\$
Securities (stocks, bonds, etc.)	\$
Retirement account	\$
Other Liquid Funds	\$

ADDITIONAL INFORMATION

- Are you a veteran? Yes No
- Do you have a disability? Yes No
- Have you owned a home in the last 3 years? Yes No
- Are you currently working with a real estate agent? Yes No
- Do you have a contract on a house at this time? Yes No

Referred to by*(please circle all that apply)*

- Print Advertisement Bank/Lender Government Media Realtor
- Staff / Board Member Walk-In Friend Radio Newspaper Article

Relationship to the Applicant: _____

CLIENT BUDGET WORKSHEET

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	\$
	Utilities	\$
	Renters Insurance	\$
	Landline Phone	\$
	Cable/Internet	\$
	Cell Phones	\$
		\$

TRANSPORTATION	Car Payment	\$
	Gas	\$
	Insurance	\$
	Parking/Tolls	\$
	Public Transportation	\$

HUMAN EXPENSES	Childcare	\$	Medications	\$
	School Activities	\$	School Supplies	\$
	Copays/health needs	\$	Clothing	\$
	Fitness	\$	Groceries	\$
	Entertainment	\$	Toiletries/Personal Care	\$
	Miscellaneous	\$	Pet Care	\$
	Savings	\$	Child Support	\$
	Life Insurance	\$	Other	\$
		\$		\$
		\$		\$

DEBTS	Credit Card Payments	\$	Personal Loans	\$
	Student Loans	\$	Medical Bills	\$

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

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 gave 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 provided 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

**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

_____ American Indian/Alaskan Native and White

_____ Black/African American

_____ Asian *and* White

_____ Asian

_____ American Indian/Alaskan Native

_____ Black/African American *and* White

_____ Native Hawaiian/Other Pacific Islander

_____ American Indian/ Alaskan Native
and Black/African American

_____ Other/Multi-Racial

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

Is applicant female head of household? _____ YES _____ NO

Family/Household size # _____

Person(s) with disabilities # _____

Full-time student(s) age 18 or older # _____

Child(ren) under the age of 18 years # _____

Applicant Full Name (Please Print): _____ **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 fitness financial 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 to 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 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 can 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 client when choosing or dealing with real estate and lending professionals. The client is under no obligation use any services provided by the agency or their funding partners 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, to assist me with my housing situation and obtaining any additional services recommended by GO Northwest. 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 because 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 of counseling which I have receive from Northwest Housing Resource Center.

Applicant's Signature

Date

Co-Applicant 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 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(s), Lender(s) or third parties with your approval.

Information We Disclose

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

- Information that we receive from you on applications or other forms, such as your name, address, assets, debts, and income.
- Information that we receive from a credit reporting agency, such as your credit reports, your credit history, and your credit worthiness.
- Information about your transactions with us, real estate agent(s), Lender(s), and any other parties used to assist you with purchasing a home, avoid foreclosure or achieve financial goals.

To Whom We May Disclose

We may discuss 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 process.

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 is not 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/or services to you and to assist them in doing 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 protect your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer, we do not disclose personal information about you to unaffiliated third parties, you may opt out of these disclosures; that is you may direct us not to make 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 2.

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 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 joint owner of accounts is not present at the counseling session.
- If children are present and causing disturbances that prevent the counselor from conducting counseling session.
- You do not have required documents for counseling session.
- 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.
- Be treated fairly and with dignity and respect.
- Be actively involved in a comprehensive assessment of their housing situation.
- Discontinue their relationship with our agency at any time.
- Ask questions and have concerns addressed.
- Confidentiality

Complaint Resolution Process

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

1. Try to resolve the issue with the staff member involved and provide him/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-DISCRIMINATORY POLICY

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

Applicant's Signature

Date

Co-Applicant's Signature

Date