



NORTH TEXAS HOUSING COALITION

Strengthening our communities with housing solutions.

APPLICANT

Name: _____
First MI Last

Social Security/ITIN _____ - _____ - _____ DOB: ____/____/____ AGE: ____

Street: _____

City: _____ State: _____ Zip Code: _____

Home: () _____ - _____ Fax: () _____ - _____

Mobile: () _____ - _____ E-Mail: _____

RACE (PLEASE CIRCLE):

White, not of Hispanic origin Hispanic American Indian/Alaskan Native

Black, not of Hispanic origin Asian/Pacific Islander Other

Marital Status (please circle): Single Married Divorced Widowed

Gender (please circle): Male Female

Disabled? Yes No if yes, are special accommodations required? _____

Ethnicity: _____

CO-APPLICANT

Name: _____
First MI Last

Social Security/ITIN _____ - _____ - _____ DOB: ____/____/____

Street: _____

City: _____ State: _____ Zip Code: _____

Mobile: () _____ - _____ E-Mail: _____

CURRENT HOUSING ARRANGEMENT (PLEASE CIRCLE):

Homeowner Homeless Rent Do not pay rent

First-Time Buyer? Yes No

Household Type? Married with children Married without children

Female-Headed Single Parent Male-headed Single Parent

Two or more unrelated adults Single Adult Other

Household Size: _____ dependents: _____ ages: _____

Applicant Employment

Employer: _____

Address: _____ City _____ State: _____ Zip Code: _____

Work: () _____ - _____ Start Date: _____ End Date: _____

Position _____ Part-Time / Full-Time / Seasonal (Circle All That Apply)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ annually

Can you document your disability / pension / public assistance Income / child support?
(Circle One) Yes No Receive or Pay

If yes, how long will it continue? _____ Amount: _____

Ever File Bankruptcy? _____ Type: _____ Discharged Date: _____

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (Circle one) Yes No

CO-Applicant Employment

Employer: _____

Work: () _____ - _____ Start Date: _____ End Date: _____

Position _____ Part-Time / Full-Time / Seasonal (Circle All That Apply)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ annually

LIVING EXPENSES

CLIENT RENTAL HISTORY Current monthly rent payment or mortgage? _____

Length of Time at present residence? _____ Year(s) _____ Month(s)

Landlord/Mortgage Co. _____ Telephone # _____

Loan Type (FHA, Conventional, Adjustable Rate Mtg. etc.) _____ Loan # _____

FHA Case # _____

Condition: Excellent _____ Fair _____ Poor _____

Have you previously had a Modification/Repayment Plan? If so, when? _____

How did you hear about NTHC? _____

If you were referred by a bank, builder or realtor, please state: _____

Are you on any government assisted programs for housing? If so what kind _____

ADDITIONAL INFORMATION

Highest grade completed _____

Have you owned a home in the last three (3) years? Yes No

Do you have a Checking Account? _____ Savings: _____ Investments: _____

Are you a Veteran? Yes No

Do you have a contract on a house at this time? Yes No

Are you currently working with a real estate agent? Yes No

If so, Whom: Name _____ Phone _____

Are you currently working with a lender? Yes No

If so, Whom: Name _____ Phone _____

Have you been prequalified? Yes No Pre-Assessment Median Credit Score: _____

Most convenient time for an individual appointment? _____ AM _____ PM

Days Available (Please circle one): Monday Tuesday Wednesday Thursday Friday Saturday

By signing this Intake Application client gives permission for the following conditions:

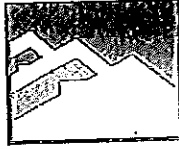
- Permission is granted to NTHC to include email and contact information into Constant Contact database which would be utilized to inform you of current and upcoming events in conjunction with NTHC
- Permission is allowed for photo or likeness thereof to be used for marketing, program materials and any other form of promotion of NTHC programs

Signature _____ Date: _____

Interviewed by: _____ Date: _____

Privacy policy of The North Texas Housing Coalition can be found at 2900 Live Oak, 2nd Floor, Dallas, TX 75204.

2900 Live Oak Street
2nd Floor
Dallas, Texas 75204
Office 214.946.3500
Fax 214.826.5181
nthcinc.org



NORTH TEXAS HOUSING COALITION

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AUTHORIZATION FOR RELEASE OF INFORMATION

Board of Directors

Gilbert Gerst
Chairman of the Board

Monique S. Allen
Terri Anderson
Linda Bethany
Paul Cauduro
Kelly Allen-Gray
Maria Gonzales
Carlos Herrera
Angela Kelcher
Gregg Lehman
Ann Lott

Roland Love
Chun-I Lu
Francisco Meza
Lee McKinney
Mike McPherson
J. Reymundo Ocafias
Karen Riley
Sherman Roberts
Paula Sullivan
Valerie Williams

Advisory Council

Effie Booker
Steve Brown
Robert Feldman
Lyssa Jenkins
Barry Knight
Lorenzo Littles
Bud Malone
Todd Proctor
Ellen Rourke
Lee Stevens
Atul Vohra
J. McDonald Williams
Karl F. Zavitkovsky

Albert Martin,
Executive Director

Date: _____

TO: _____

RE: **Loan #** _____

SOCIAL SECURITY # _____

PROPERTY ADDRESS: _____

I, _____, hereby authorize **The North Texas Housing Coalition**, located at 2900 Live Oak 2nd Floor, Dallas, TX 75204, and **their designated agents**, to obtain and receive any and all reports, notices, and/or other information pertaining to me.

Said attorney and/or legal advocate, or their designated agents, are further authorized to obtain and receive any and all records that I am entitled to receive.

Said attorney and/or legal advocate, or their designated agents, are further authorized to discuss and/or negotiate any arrangements of payment pertaining to me.

I understand the above reports and/or notices may contain private information that would ordinarily not be disclosed without my explicit authorization.

A copy of this authorization shall be as valid as the original. This authorization is effective immediately.

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

Counselor: _____ Signature: _____

Expiration Date: _____



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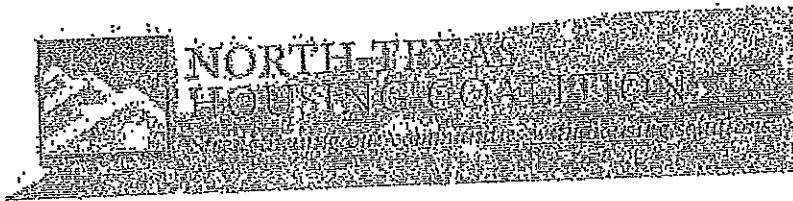
Financial Statement

Borrower's name _____ Loan # _____

| <u>Source of Income</u> | <u>Gross</u> | <u>Net</u> |
|--------------------------|--------------|------------|
| Borrower | \$ | \$ |
| Co Borrower | \$ | \$ |
| Overtime | \$ | \$ |
| Other Household Members | \$ | \$ |
| Child Support Alimony | \$ | \$ |
| Unemployment | \$ | \$ |
| Social Security Benefits | \$ | \$ |
| Rental Income | \$ | \$ |
| Other Income | \$ | \$ |
| TOTAL (Monthly) | \$ | \$ |

| <u>Monthly Expenses</u> | <u>Average</u> | <u>Current(Yes/No)</u> |
|--------------------------------|----------------|------------------------|
| 1 st Mortgage | \$ | |
| 2 nd Mortgage | \$ | |
| Other Mortgages or Rent | \$ | |
| HOA dues | \$ | |
| Auto Loan 1 | \$ | |
| Auto Loan 2 | \$ | |
| Installment Loan | \$ | |
| Credit Cards | \$ | |
| Child Care | \$ | |
| Child Support/Alimony | \$ | |
| School/Tuition | \$ | |
| Electric | \$ | |
| Gas/Oil | \$ | |
| Water | \$ | |
| Auto Insurance | \$ | |
| Life/Other Insurance | \$ | |
| Transportation (gas, bus fare) | \$ | |
| Groceries | \$ | |
| Dinning Out | \$ | |
| Cell Phone | \$ | |
| Home Phone | \$ | |
| Cable/Satellite/Internet | \$ | |
| Prescriptions | \$ | |
| Misc/Other | \$ | |
| TOTAL (Monthly) | \$ | |
| Deficit/Surplus | \$ | |

Signature _____ Date: _____



CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I/We, _____ hereby authorize and instruct NORTH TEXAS HOUSING COALITION (hereinafter "NTHC") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by "NTHC". I understand and agree that "NTHC" intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to "NTHC" in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

authorize
 do not authorize

"NTHC" to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying "NTHC" in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Date

Date

Privacy policy of The North Texas Housing Coalition can be found at:
The North Texas Housing Coalition 2900 Live Oak, 2nd Floor, Dallas, TX 75204.

Authorization and Privacy Policy

1. I understand that North Texas Housing Coalition, Inc. 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 North Texas Housing Coalition, Inc. receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2011 for the purposes of program evaluation.
4. I acknowledge that I have received a copy of North Texas Housing Coalition's Privacy Policy.

Please Note:

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 North Texas Housing Coalition, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from North Texas Housing Coalition in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature _____

Date _____

Privacy Policy

North Texas Housing Coalition, Inc. 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 the Foreclosure Mitigation Counseling Agreement. 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.

Action Plan

Date: _____

Client Name: _____

Co- Applicant: _____

Work: _____ Cell: _____

Lender: _____ Account #: _____

FHA# _____ SFMNS# _____

Reason for visit: Pre-Purchase Default ¹Financial/Credit

List 3-4 things you want to achieve in this program:

1. _____
2. _____
3. _____

Action items to be completed by counselor:

1. _____
2. _____
3. _____
4. _____

Action items to be completed by client:

1. _____
2. _____
3. _____

In order to prepare for home ownership or home retention I plan to save. My savings plan will be reviewed with my Housing Counselor. My proposed amount of savings is \$_____.

2 Action Plan

Acknowledgement of Action Plan

I/we have reviewed and understand the Action plan that has been put together for me/us by our THC Housing Counselor. I/We realize that in order for us to achieve our goal of homeownership, we will have to adhere to this plan by the efforts of my/our best ability and faithfulness. We further understand that this plan in no way guarantees that I/We will become eligible for a mortgage loan and/or mortgage modifications or any other Loss Mitigation options. The Homeownership Center is in no way responsible for any client who is denied credit for any reason upon completion of this program.

Applicant Signature

Date

Co-Applicant Signature

Date

Housing Counselor

Date

FOLLOW UP APPOINTMENT IS SCHEDULED FOR: