



Neighborhood House Inc.

1218 B Street, Wilmington DE 19801

219 West Green Street, Middletown, DE 19709

(302) 658-5404

www.neighborhoodhse.org

Dear Potential Home Buyer,

Congratulations for taking that exciting first step and contacting us about your desire to become a homeowner. We understand how exciting that can be and promise to work as hard as you do to assist you in reaching your goal of homeownership.

The application package has many forms for you to fill out and there are documents you will need to collect and copy. We only ask for the information that is necessary. Please know that all your information is held confidential.*

We suggest that you start with gathering the documents outlined on the Document Checklist before you begin to complete the forms.

In order to cover the cost of workshop, counseling and the covering the cost of pulling a Tri-Merge credit report, you will need to pay \$125.00- (checks, money order or cash) payable to Neighborhood House Inc. This is a non-refundable fee that all the Housing Counseling Agencies in the State of Delaware charge and should be paid during your one-on-one counseling session.

Please arrive on time. As we are a comprehensive counseling agency offering Pre-Purchase, Credit, Financial Education and Foreclosure Prevention Program the demand for our services is high. We often have appointments back to back. If you arrive late, we may to reschedule your appointment. You have taken the first step to achieving the American Dream of homeownership. I look forward to working with you.

APPOINTMENT: _____ at 1218 B Street, Wilmington, DE 19801

With: _____



Homeownership Counseling Appointment Document Checklist

PLEASE BRING COPIES

The following documents are needed to make the counseling session more effective. You must have the most current/recent version of the information.

Complete!	Homeowner/Mortgage Information
<input type="checkbox"/>	Valid Drivers license (or state-issued photo ID) – All borrowers
<input type="checkbox"/>	Social Security card – All borrowers
<input type="checkbox"/>	Fee in the amount of \$125.00- nonrefundable- (check, money order or cash)
Complete!	Financial Information for All Borrowers
	① Bank Accounts (include all pages of the statement/s, even blanks)
<input type="checkbox"/>	Checking Account Statement (last 2 months)
<input type="checkbox"/>	Savings Account Statement (last 2 months)
<input type="checkbox"/>	Other Bank Account Statements (last 2 months)—Investments, 401Ks, stocks, bonds, etc.
	② Federal Tax Returns
<input type="checkbox"/>	Last 2 years (all filed pages, must be signed)
	③ Income (select the most applicable source[s] of your income)
<input type="checkbox"/>	<p>➔ <i>Are You Employed? If so, provide:</i> Paystubs for the past 60 days.</p> <p>➔ <i>Are You Unemployed? If so, provide:</i> Unemployment Determination Letter/Award and stubs for the past 60 days.</p>
<input type="checkbox"/>	➔ <i>Do you have supplemental income? (child support or alimony, rental or boarder income, other) If so, provide: 60 days of documentation</i>
<input type="checkbox"/>	➔ <i>Are You Self Employed? If so, provide:</i>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Profit and Loss (P&L) Statement year-to-date (with minimum of 3 previous months) • Personal and/or business bank account statements for all bank or investment accounts (last 4 months)
<input type="checkbox"/>	➔ <i>Are you Retired? If so, provide:</i>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Social Security/Social Security Disability Insurance – Award Letter • Pension – Award Letter
<input type="checkbox"/>	<p>➔ <u>Other Documentation-if you have been pre-approved and have signed a contract to purchase:</u></p> <ul style="list-style-type: none"> • Sales Contract • Pre-Approval with Good Faith Estimate, <u>Worksheet</u> & Truth in Lending Statement • Home Inspection Report • Appraisal • Mortgage Commitment Letter • Names and contact information for your loan officer, realtor, attorney, insurance agent.





NEIGHBORHOOD HOUSE, INC.

A HUD-Approved Counseling Agency & Affiliate of HomeFree USA

CLIENT INTAKE FORM

Date: / /

DEMOGRAPHIC INFORMATION

CLIENT

First Middle Last

Street Address

yr(s) Lived Here

() - ()
Home Phone Work Phone

() -
Cell Phone Email Address

SSN #: - - DOB / /

CIRCLE MOST ACCURATE CHOICES

Gender: Male or Female

Handicapped: Yes or No Veteran: Yes or No

Citizenship: US Citizen Perm Resident Alien Non-Resident Alien

Marital Status: Single Married Divorced Separated Widowed

Hispanic/Latino Ethnicity: Yes or No

Race: (1) African American/Black (2) American Indian/Alaskan Native (3) Asian (4) Native Hawaiian/Other Pacific Islander (5) White

Multi- Race: (1) African American/Black & White (2) American Indian/Alaskan Native & White (3) Asian & White (4) Other Multiple Race

Household Type: Married w/ children Married w/o children Other
Female single parent Male single parent
Single adult 2 or more unrelated adults

Total Family Size: Number of dependents:

Age/Gender of dependents: , , , ,

Are there non-dependents that will be living in the home?
Yes or No

Highest Level of Education:

CO-CLIENT

First Middle Last

Street Address

yr(s) Lived Here

() - ()
Home Phone Work Phone

() -
Cell Phone Email Address

SSN #: - - DOB / /

CIRCLE MOST ACCURATE CHOICES

Gender: Male or Female

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Household Type: Married w/ children Married w/o children Other
Female single parent Male single parent
Single adult 2 or more unrelated adults

Total Family Size: Number of dependents:

Age of dependents: , , , ,

Are there non-dependents that will be living in the home?
Yes or No

Highest Level of Education:

EMPLOYMENT

CLIENT

Current Employer _____ () _____ Phone

Street Address _____

Hire Date ____/____/____

Title _____ Status: PT or FT

I am paid: Hourly Weekly
Gross Income: \$ _____ Bi-weekly Bi-monthly

Other Source of Income: _____
\$ _____/mo

CO-CLIENT

Current Employer _____ () _____ Phone

Street Address _____

Hire Date ____/____/____

Title _____ Status: PT or FT

I am paid: Hourly Weekly
Gross Income: \$ _____ Bi-weekly Bi-monthly

Other Source of Income: _____
\$ _____/mo

FINANCIAL INFORMATION

HOUSEHOLD FINANCIALS

Financial Institution Name: _____

Account Type: Checking Saving Money Market Account: # _____ Balance \$ _____

Agency Fees & Disclosures

If applicable, I acknowledge that a fee of **\$25/per person** may be assessed to me/us to cover the cost of pulling a tri-merge credit report for me. **This disclosure pertains to Credit Clients Only.**

I understand and agree to pay Neighborhood House, Inc. a **\$125 Non-Refundable Fee** This disclosure applies to Pre-Purchase clients only Please initial _____

Client's signature: _____ Date: _____

Print Name here: _____

Client's signature: _____ Date: _____

Print Name here: _____

What is your counseling goal? _____

Lender: _____ Loan Number _____

Reason for delinquency: _____

Counselor's Signature: _____ Date: _____

Neighborhood House, Inc. does not discriminate on the basis of race, color, national origin, sex, religion, disability, political beliefs, sexual orientation or marital/familial status.

Neighborhood House Inc. has adopted the National Industry Standards Code of Ethics and Conduct by all Counselors and educators and adhered to their daily business operations.



Neighborhood House, Inc. - Housing Department

Client/Counselor Agreement

Neighborhood House, Inc. (NHI) and its counselors agree to provide the following services:

1. Confidentiality, honesty, respect and professionalism in all services.
2. Timely completion of promised action.
3. Presentation and explanation of reasonable options available to the client based on an analysis of the client's financial situation.
4. Assistance in submitting a loss mitigation package to the mortgage company or its representative(s). *(This pertains to Foreclosure Intervention/Prevention Counseling)*
5. Guidance in developing a realistic spending plan, based on the client's decisions and choices in spending.
6. Referrals to resources as discussed.

I/We, agree to the following terms of service:

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will respond to any phone calls or emails from my/our counselor within 24 hours of delivery of call or email.
3. I/we will provide all necessary documentation and follow-up information within the timeframe requested to the counselor and our mortgage company *(Foreclosure Intervention/Prevention)*
4. I/We will be on time for appointments and understand that if I/we are late for an appointment, the appointment will/may be rescheduled.
5. I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
6. I/We will contact the counselor about any changes in our situation immediately.
7. I/We will contact the counselor when the mortgage company contacts us with questions or loss mitigation offers, such as trial period plan or modification. *(Foreclosure Intervention/Prevention Counseling)*.

Hold Harmless Agreement

I give the NHI permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the NHI is a non-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against the NHI and its employees.

Client

Date

Client

Date

Counselor

Date



NEIGHBORHOOD HOUSE, INC.
CONFIDENTIAL/ PRIVACY POLICY

Neighborhood House, Inc. (NHI) is committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. NHI offers Housing, Youth and Family Services and 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 the limitations of the law.

Each staff member, Board member and volunteer shall commit to:

- Ensure that all NHI information and documentation is confidential or privileged and will not be disclosed outside NHI system, or to any employees, Board member or volunteer who has no need for the information
- Ensure that all privileged information regarding individuals or outside organizations acquired by NHI staff, Board Members and volunteer in the course of their work is treated as confidential and not divulged to others.

We will share the data only with Federal, State and/or Local government or their representatives for the purposes of program management, compliance monitoring and program evaluation:

- Staff of this organization who need it to work on your case.
- The entities mandated by Congress (Foreclosure Mitigation Counseling Program), other Federal, State and/or local government entities to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
- Any other entities properly authorized under law to view it.

You may opt-out of counseling services at any time by informing the counselor in writing for our files.

Neighborhood House Inc. has adopted the National Industry Standards for Homeownership Education and Counseling and Code of Ethics and Conduct for Homeownership Professionals.

My signature below serves as verification that I have read, understand and received a copy of the Neighborhood House, Inc. Confidential/ Privacy Policy

Client's Name (printed): _____ Signature _____ Date: _____

Client's Name (printed): _____ Signature _____ Date: _____

Counselor's Signature: _____ Date: _____



NEIGHBORHOOD HOUSE, INC. COUNSELING AGREEMENT AND DISCLOSURE

Neighborhood House Inc. offers Housing services, Youth Development and Family Services. .

I/We, understand that Neighborhood House, Inc. (NHI) Housing Department provides homeownership, Financial, rental counseling and foreclosure Intervention counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other resources and agencies as deemed appropriate.

I understand that NHI receives State and Federal funds and funds through National Foreclosure Mitigation Counseling (NFMC), and as such, is required to share some of my personal information with NFMC, program administrators, their agents or other entities for the purposes of program monitoring, management, compliance and evaluation. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and the conclusion of the NFMC program for the purposes of program evaluation.

I understand I am not obligated to receive any other services offered by Neighborhood House Inc. NHI and I have the opportunity to opt-out of disclosures or follow up at any time.

I understand that a counselor may answer questions and provide information, but not give legal advice. I understand that my housing counselor may refer me for legal assistance and if I choose to accept the referral, I give permission for my housing counselor and Attorney to share my file as permitted by State Law and the bar's applicable Rules of Professional Conduct.

My signature below states that while participating in housing counseling sessions with the Neighborhood House, Inc. Housing Counseling Program, the agency may need to release my information or refer me to other agencies, affiliates and organizations in order to help me find a resolution to my housing goal, need or problem. I understand that I am under no obligation to work with any other agencies or organizations.

By signing below I/we acknowledge that I/we have received a copy of this combined Disclosure

*Client Signature _____ Date: _____

*Client Signature _____ Date: _____

Counselor's Signature _____ Date: _____

- Please check here if you do not want to be contacted by NFMC for program evaluation purposes. **If the client chooses not to sign this document, the counselor cannot provide NFMC counseling services.*
- Did anyone contact you offering assistance to modify your mortgage, either directly, by telephone, or by other means such as mail or flyer? ____ NO ____ YES (If yes, discuss with your Counselor)
- Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? ____NO ____YES (If yes, discuss with your Counselor)



NEIGHBORHOOD HOUSE, INC.
HOUSING SERVICES
THIRD PARTY AUTHORIZATION & AGREEMENT TO RELEASE

Date: _____
Borrowers Name: _____
Property Address: _____
Mortgage Account Number: _____ Mortgage/Service Name:

I/we do hereby authorize (my lender / mortgage servicer, Attorney) to release or otherwise provide information to my Housing Counselor **Iris N Donato or Marilyn Ramirez** of **Neighborhood House, Inc.** Phone Number **302-658-5404**, fax number: **302-778-6522**.

I/we, the borrower(s) understand the lender/mortgage servicer/Attorney will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability.

Information/Documentation needed:

- Counselors and Lender may discuss my request for modification options
- Counselor and lender may discuss my financials and mortgage information
- HUD 1/Closing Disclosure
- Approved or denied modification forms
- Mortgage commitment letter

I acknowledge that all consent in this Authorization and Release is voluntary and valid until the earlier of **one (1) year** from the date shown below or my revocation of the consent by a subsequent signed document. I understand by revoking this consent, I cannot undo any action taken by Counseling Agency based upon this consent.

I/we the borrower(s) agree to this Authorization and the terms of the Release as stated above, all the borrower(s) have signed and dated below.

Printed Borrower Name _____ Signature _____
Last 4 SSN _____

Printed Co-Borrower Name _____ Signature _____
Last 4 SSN _____

Counselor Signature _____ Date: _____



NEW CASTLE COUNTY BENEFICIARY INFORMATION
SELF-CERTIFICATION OF INCOME, RACE, AND ETHNICITY

For CDBG Programs Requiring Information on Income by Family Size

List family members for non-housing programs, household members for housing programs.

*This self-certification for income purposes should be used as a last resort only. Applicants should provide proof of income in accordance with New Castle County's three acceptable forms of income first (Part 5 Annual Income, Census Long Form Annual Income or IRS Form 1040). Head of Household must complete this entire form.

LISTING OF FAMILY/HOUSEHOLD MEMBERS -- For each member over the age of 18, attach income documentation or a certification of zero income.

Form with fields for NUMBER OF FAMILY/HOUSEHOLD MEMBERS, * ANNUAL FAMILY/HOUSEHOLD INCOME, and NAME Check if over 18.

RACE AND ETHNICITY

This information contained herein is CONFIDENTIAL and will be used only for the purpose as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes. It is a HUD requirement we collect this information for statistical reporting purposes. Please check the appropriate boxes below: COMPLETE FOR HEAD OF HOUSEHOLD ONLY.

Applicant:

- Sex: Female Male
Ethnicity: (Select only one) This is a HUD requirement
Race: (Select one) This is a HUD requirement

Address:

Address input lines

Agency: Remember to perform parcel search of address. www.nccde.org/parcelview

Female Head of Household: Yes No
Handicapped Status: Yes No

(Handicapped households are those headed by a person who is handicapped. Also included are handicapped persons who are members of non-handicapped households. "Handicapped person" means any person who (I) has a physical or mental impairment which substantially limits one or more major life activities, (II) has a record of such impairment, or (III) is regarded as having such an impairment.)

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading or incomplete information may result in termination of assistance.

Signature of Applicant Printed Name of Applicant Date

For Office Use Only:

Income Guidelines Used: 0% - 30% of median, 31% - 50% of median, 51% - 80% of median, Over 80% of median

City of Wilmington
Annual Household Income Certification

Name: _____ Total # People in Household _____
 _____ (Head of Household)
 Address: _____ Wilmington, DE

___ Rent ___ Own For rentals only: # Bedrooms ___ Rent \$ _____

Race (check all that apply)

- ___ Black/African American
- ___ White
- ___ Asian
- ___ American Indian/Alaskan Native
- ___ Native Hawaiian/Pacific Islander
- ___ Other

Ethnicity (check only one)

- ___ Hispanic
- ___ Not Hispanic

Household Type (check all that apply)

- ___ Single person, non-elderly
- ___ Elderly (62+)
- ___ Single parent (children <18)
- ___ Disabled

INCOME Include following sources of income for all persons in household

- ❖ Gross Annual Salary and Wages _____
- ❖ Annual Pension/Benefits _____
- ❖ SSI/Social Security _____
- ❖ Welfare (?) _____
- First \$480 of income for students 17 years or younger _____

TOTAL INCOME \$ _____

ASSETS Include the following assets for all persons in household

- ❖ House (other than address above) _____
- ❖ Car (not paying for) _____
- ❖ Savings Account Balance _____
- ❖ Checking Account Balance _____
- ❖ Stocks, Bonds, Annuities _____
- ❖ Other Assets (?) _____

TOTAL ASSETS \$

CERTIFICATION: I certify that the information on this form is accurate and that the City of Wilmington has the right to verify it at any time.

Signature Date

FOR OFFICE USE ONLY

Total Income Calculation: Income Asset Value* Total Income _____

 *Asset Value is \$0 if < \$5,000
 If assets above > \$5,000 multiply by _____

Income Eligibility (compare Total to guidelines by HH Size) <30% 30-50% 50% - 80% Not Eligible

Affordable Rent (compare to FMR for Bedroom Size) Affordable Not Affordable Not Applicable (own)

or CAPER: Race B W A I HP Multiple: _____
 Hispanic Not Hispanic Single Non-Elderly Elderly Single Parent Disabled



Neighborhood House Inc. - Housing Department

Monthly Household Expense and Budget Format-

MUST BE FILLED OUT, SIGN AND DATED BY THE CLIENT

Please calculate all monthly household expense

Monthly expenses	Monthly Amount- <i>Please use exactly amount</i>
Rent/Mortgage Payment	\$
2nd mortgage payment	\$
Electric	\$
Gas	\$
Water bill	\$
Sewer	\$
Trash	\$
Home phone	\$
Cell phone	\$
Car payment	\$
Car payment	\$
Car insurance payment	\$
Gasoline (monthly estimate)	\$
Life insurance	\$
Medical Insurance or bills	\$
Alimony or child support	\$
HOA/Condo fee monthly	\$
Car repair	\$
Day care	\$
Clothing	\$
Church/Tithing	\$
Cable, internet, phone- <i>Triple play</i>	\$
Payday loan	\$
Title loans	\$
Groceries/Food	\$
Credit card- Name	\$
Credit card- Name	\$
Installment loan	\$
Other	\$
Other	\$
TOTAL of Monthly Debt	\$
TOTAL of Monthly Income	\$
Difference -/+	\$

Monthly Net Income \$ _____ / Pension \$ _____ / Disability \$ _____ / Child Support _____
 Food Stamp \$ _____ Unemployment \$ _____ Other \$ _____ (explain)

Signature: _____ Print Name: _____ Date: _____

For Your Protection: Get a Home Inspection

Name of Buyer _____

Property Address _____

What the FHA Does for Buyers... and What We Don't Do

What we do: FHA helps people become homeowners by insuring mortgages for lenders. This allows lenders to offer mortgages to first-time buyers and others who may not qualify for conventional loans. Because the FHA insures the loan for the lender, the buyer pays only a very low down-payment.

What we don't do: FHA does not guarantee the value or condition of your potential new home. If you find problems with your new home after closing, we can not give or lend you money for repairs, and we can not buy the home back from you.

That's why it's so important for you, the buyer, to get an independent home inspection. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Appraisals and Home Inspections are Different

As part of our job insuring the loan, we require that the lender conduct an FHA appraisal. An appraisal is different from a home inspection. Appraisals are for lenders; home inspections are for buyers. The lender does an appraisal for three reasons:

- to estimate the value of a house
- to make sure that the house meets FHA minimum property standards
- to make sure that the house is marketable

Appraisals are not home inspections.

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information than an appraisal—information you need to make a wise decision. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- evaluate the physical condition: structure, construction, and mechanical systems
- identify items that need to be repaired or replaced
- estimate the remaining useful life of the major systems, equipment, structure, and finishes

What Goes into a Home Inspection

A home inspection gives the buyer an impartial, physical evaluation of the overall condition of the home and items that need to be repaired or replaced. The inspection gives a detailed report on the condition of the structural components, exterior, roofing, plumbing, electrical, heating, insulation and ventilation, air conditioning, and interiors.

Be an Informed Buyer

It is your responsibility to be an informed buyer. Be sure that what you buy is satisfactory in every respect. You have the right to carefully examine your potential new home with a qualified home inspector. You may arrange to do so before signing your contract, or may do so after signing the contract as long as your contract states that the sale of the home depends on the inspection.

I understand the importance of getting an independent home inspection. I have thought about this before I signed a contract with the seller for a home.

X _____
Signature & Date

X _____
Signature & Date



Neighborhood House Inc.-Housing Department

Down Payment Settlement Assistance with New Castle County \$5,000

Counselor will reserve your funding with NCC, but we will need the following documents 20 days before settlement.

COUNSELOR

1. *Signed NCC Application*
2. *Authorization to release*
3. *Borrowers affidavit*
4. *Counselor certificate*
5. *Household certification form*
6. *Lead base paint notification requirement form (if home built prior to 1978)*
7. *Income calculation sheet*
8. Three (3) months current pay stubs
9. Three (3) months current bank statement- all pages
10. Three (3) years 1040 tax returns and W2- including 2015, 2014 and 2013
11. Any other supporting documentation for all adult members with income
12. *Certification of zero income form for all applicable adult household members*
13. *W-9 Signed by Borrowers (s)*

LENDER

1. Borrowers credit report with credit scores
2. Loan estimate
3. 1003 form
4. 1st mortgage commitment (cannot expire prior to settlement)
5. Property appraisal report

REALTOR

1. Real Estate Sales Agreement (Signed by buyer & seller)
2. Sellers disclosures
3. Radon disclosure report
4. Lead Warning Statement
5. Attachment D- Attached to this list
6. Home Inspection (ASHI, NAHI, or InterNACHI Certified Inspector) Not needed on new Construction)
7. Lead Base Paint Visual Inspection (HUD Requirement- if built prior to 1978- (HUD Certified Inspector)
8. Lead paint Repair (if needed)

If counselor does not get the required documents on time to submit a full package your settlement date will need to be changed.