



Community Action in Self Help

48 Water Street, Lyons, NY 14489

Phone: (315) 946-6992 • Fax: (315) 946-3314

Thank you for your interest in our Housing Counseling Program. The following is our Housing Counseling Intake. Please complete **ALL** sections and submit along with **copies** of the required documentation requested. **We will not be responsible for any original documentation.** Any section or page not completed or documents not submitted will result in delays in the process.

Once the completed Intake and required documentation have been received, our Housing Counselor will review the information and set up an appointment to go over possible options / resources that may be available to you. There is no fee for our service.

Please let us know if you need assistance in contacting or meeting us due to disability and feel free to call me at (315) 946-6992 ext. 306 if you have any questions.

Please retain this page for your contact information and your records

Sincerely,

Debora Johns
Housing Counselor

Rev. 1/14

Equal Housing Opportunity



**Section 8 Housing
Choice Voucher Program**
48 Water Street
Lyons, NY 14489

Wolcott Estates
5770 New Hartford St.
Wolcott, NY 14590

Wayne Rural Development
48 Water Street
Lyons, NY 14489

Housing Counseling
48 Water Street
Lyons, NY 14489

HOUSING COUNSELING PROOF OF INCOME CHECKLIST

Please call me at (315) 946-6992 ext. 306 if you have are unable to obtain or provide your loan/mortgage documents.

For each borrower who receives a salary or hourly wages:

- Copies of two months of current, consecutive pay stubs that show year-to-date earnings. (Paid: weekly – eight pay stubs, bi-weekly – four pay stubs, monthly – two pay stubs)
- Three months of most recent, consecutive bank statements, savings, CD's, stocks, bonds on bank letter head.

For each borrower who is self-employed:

- Most recent quarterly or year-to-date profit/loss statement.
- Three months of most recent, consecutive bank statements.

For each borrower who has income such as social security, disability or death benefits, pension, adoption assistance, public assistance, or unemployment. These must be dated within 30 days of the completed application.

- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Please contact the benefit providers and request a current benefit letter. (For Social Security benefits, call SS Administration at (800) 772-1213 or Geneva SS at (315) 781-0103, or go to 15 Lewis Street in Geneva.)
- Three months of most recent, consecutive bank statements showing receipt of such payment.

For each borrower who is relying on alimony or child support as qualifying income:

- Copy of divorce or other court decree; or separation agreement or other written agreement filed with the court that states the amount and period of time over which it will be received, or
- Three months of most recent, consecutive bank statements showing receipt of such payment.

Other Items to bring:

- Current Utility Bill
- Proof of homeowner's insurance and taxes paid-up-to-date (or payment agreement) if not escrowed. If there is no homeowner's insurance, please contact our office.
- Loan Documents – Copies of loan documents from your original mortgage loan and from any refinance if applicable. This could include loan applications, promissory note and mortgage showing type of loan, loan amount, interest, and term of loan.
- Correspondence from your lender – Including monthly statements, notices of late payments, foreclosure information.

These are required documents for program participation. You will not be able to proceed or be placed on the waitlist without these documents.

You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

Rev. 8/15



Community Action in Self Help, Inc.
(DFC, HEP, HIR, LM, PC, PC2, PRL)
HOUSING COUNSELING INTAKE

This Intake MUST be COMPLETED in its ENTIRETY in order to be Accepted.
Any incomplete section will delay the process.

Date _____ / _____ / _____

Applicant's Name: _____ E-mail: _____

DOB: _____ / _____ / _____ SSN# _____ - _____ - _____ Phone#(_____) _____ - _____

Address: _____ Message#(_____) _____ - _____

Co-Applicant's Name: _____ E-mail: _____

DOB: _____ / _____ / _____ SSN# _____ - _____ - _____ Phone#(_____) _____ - _____

How long have you lived at this address? _____ Year(s) _____ Month(s)

Referral Source: Agency Lender Mailer Realtor Walk-in Word of Mouth
Internet

Ethnicity/Race: African American Pacific Islander Asian Caucasian Hispanic Origin

Other: _____

Level of Education: Some High School HS Diploma/GED Some College College
Degree Vocational None

PRESENT HOUSING

Do you: Own Rent Monthly mortgage/rent payment: \$ _____

If owner, are you still in your home? Yes No

Are you paid up to date? Yes No Are you current on your property and school taxes? Yes No

What is your current situation? Please explain in detail and attach another sheet if necessary. _____

HOUSEHOLD COMPOSITION

Marital Status: Married Divorced Separated Single Widowed

Is anyone in the household a Veteran? Yes No Disabled? Yes No

Household Members:

_____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

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HOUSEHOLD INCOME

Applicant's Employer: _____

Employer Address: _____

Employer Phone#:(_____)_____-_____

Wages: \$_____/hr. _____ hrs./wk. Start Date:_____ End Date:_____

Any garnishments (insurance, child support, etc.): Yes No If yes, how much: \$_____/wk.

Type:_____ Type:_____

Co-Applicant's Employer: _____

Employer Address: _____

Employer Phone#:(_____)_____-_____

Wages: \$_____/hr. _____ hrs./wk. Start Date:_____ End Date:_____

Any garnishments (insurance, child support, etc.): Yes No If yes, how much: \$_____/wk.

Type:_____ Type:_____

Other Sources of Income/Assistance

Public Assistance: \$_____/bi-monthly Food Stamps: \$_____/mo. Child Support: \$_____/wk./mo.

SSI/SSD/SSR: \$_____/mo. Alimony: \$_____/mo. Veteran's Benefits: \$_____/mo.

Other: \$_____/wk./mo. Source:_____ Received by: _____

Other: \$_____/wk./mo. Source:_____ Received by: _____

MONTHLY EXPENDITURES FOR HOUSEHOLD

Please list your household's monthly expenses. Be sure to enter amount per month (if paid differently, please note next to category).

Housing

_____ Rent/Mortgage Payment
_____ Renter/Homeowner's Ins.
_____ Real Estate Taxes
_____ Other Taxes/Fees

Transportation

_____ Car Payment(s)
_____ Repairs/Maintenance
_____ Gas/Oil
_____ Insurance
_____ Taxi/Bus Fare

Medical/Dental

_____ Doctor
_____ Dentist
_____ Prescriptions (and co-pay)
_____ Health Insurance Premiums
_____ Therapy (Physical,
Counseling, etc.)

Household Operations

_____ Electricity
_____ Cable/Satellite TV
_____ Telephone
_____ Supplies (weatherizing,
paint, etc.)
_____ Rental Payments
(appliances, etc.)
_____ Water/Sewer
_____ Fuel/Heat
_____ Repairs/Maintenance

Miscellaneous

_____ Life Ins. Premiums
_____ Recreation Costs/Sports
Equipment
_____ Hunting/Fishing
Supplies & Licenses
_____ Magazines/Newspaper
(per wk. subscription)
_____ Pet Supplies/Care/Vet
_____ Savings
_____ Burial Fund/Plot
_____ Retirement Plan

Other:_____

Personal Needs

_____ Cleaning/Laundry (dry
cleaning, detergent, etc.)
_____ Hygiene/Health (paper
products, shampoo, etc.)
_____ Clothing
_____ Beauty Care (hair, nails, etc.)
_____ Cigarettes/Tobacco Products

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Loans

Student Loan _____
Other Loan _____
Other Loan _____

Credit/Debt Payments

Credit Card #1 _____
Credit Card #1 _____
Credit Card #1 _____

Food

_____ Groceries
_____ Eating Out
_____ School/Work Lunches
_____ Food Programs

Other: _____

CREDIT HISTORY

Has anyone ever had credit problems? Yes No

If yes, when? _____ Who? _____ Amount \$ _____

What is the status? _____

Has anyone ever filed for bankruptcy? Yes No If yes, when? _____ Who? _____

Type of bankruptcy: Chapter 7 Chapter 13 Date bankruptcy was discharged: _____

Does anyone have outstanding judgments? Yes No

If yes, when? _____ Who? _____ Amount \$ _____

What is the status of judgment? _____

DEBTS

Please list all credit card, loan, monthly payments that must be made:

To: _____ Amt:\$ _____/mo. Amt. Remaining:\$ _____ Interest rate: _____%

To: _____ Amt:\$ _____/mo. Amt. Remaining:\$ _____ Interest rate: _____%

To: _____ Amt:\$ _____/mo. Amt. Remaining:\$ _____ Interest rate: _____%

To: _____ Amt:\$ _____/mo. Amt. Remaining:\$ _____ Interest rate: _____%

From above list, which ones are delinquent or have a past due balance:

To: _____ Amt. Remaining:\$ _____ # of months delinquent: _____

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To: _____ Amt. Remaining:\$ _____ # of months delinquent: _____

To: _____ Amt. Remaining:\$ _____ # of months delinquent: _____

CHECKING / SAVINGS

Does anyone have a checking or savings account? Yes No Type of account: Checking Savings

If yes, who: _____ Institution: _____ Average amt:\$ _____

If yes, who: _____ Institution: _____ Average amt:\$ _____

Account#: _____ Account#: _____

Account#: _____ Account#: _____

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PRIVACY STATEMENT

Community Action in Self Help., Inc (C.A.S.H., 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 Authorization to Release Information. 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.
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct to us not to make those disclosures.
- 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 do so by notifying us in writing.

Release of your information to third parties

- 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.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we were compelled by legal process).
- 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.

Please sign:

I have read and understand Community Action in Self Help, Inc’s Privacy Statement.

Applicant Signature

Date

Co-Applicant Signature

Date

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DISCLOSURE STATEMENT

During the course of your involvement in any of the Agency's programs, you may receive relevant information regarding other services that our Agency offers which include Section 8 Rental Assistance, Homebuyer Education, Housing Counseling, leasing of apartments owned and/or managed by our Agency, housing for senior citizens and disabled households, Homebuyer/Homeowner Assistance which could include down payment assistance and housing rehabilitation. Our funding sources are United States Department of Housing and Urban Development (HUD), Wayne County Rural Development, HOME, New York State Homes and Community Renewal (NYSHCR) Section 8, NYSHCR Capital Improvement Program, NYS Rural Preservation Corporation (NYSRPC), NYS Rural Area Revitalization Program (NYSRARP), NYS Department of Labor, National Foreclosure Mitigation Counseling (NFMC), Federal Home Loan Bank Members and NYS Affordable Housing Corporation (NYSAHC).

You are giving us permission to give personal information to others that we feel may help your housing situation. You understand that your name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development or other legitimate purposes by the NYS Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York or other relevant founders of foreclosure prevention services. You are under no obligation to receive any other services from Community Action in Self Help, Inc. or our partners to receive housing counseling services.

You may also receive contact information from other institutions including human service agencies, lending organizations and others that may be of assistance regarding your specific situation. Community Action in Self Help, Inc. has no financial standing in and will not benefit financially from your relationship with these organizations.

Community Action in Self Help, Inc. and its employees are not attorneys and information that is given should not be taken as legal advice.

I have read and understand the Community Action in Self Help, Inc.'s Disclosure Statement

Applicant Signature

Date

Co-Applicant Signature

Date

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CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize Community Action in Self Help, Inc. to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, Community Action in Self Help, Inc.'s "Counselor" for Counselor to provide housing counseling services. This Authorization is intended to comply with a Consumer Report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" and the CREDCO makes no representation or warranty, expressed or implied, including but not limited to, implied warranties of merchantability or fitness for a particular purpose and implied warranties arising from a course of dealing or a course of performance with respect to the accuracy, validity or completeness of the Report or that it will meet my needs and CREDCO expressly disclaims all such representations and warranties.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCOS's Affiliates") and Community Action in Self Help, Inc. from any liability for any negligence in connection with the preparation of the Report and from any losses, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO and all CREDCO's affiliates and Community Action in Self Help, Inc. for damages based upon the inaccuracy, invalidity or incompleteness of the report provided by CREDCO hereunder.

If one or more of the provisions or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity, illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Applicant Name (*print*)

Applicant Signature

Date

Co-Applicant Name (*print*)

Co-Applicant Signature

Date

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APPLICANT/COUNSELOR CONTRACT

Community Action in Self Help, Inc. and its Counselors agree to provide the following services:

- Assistance communicating with the mortgage servicer/investor
- Presentation and explanation of reasonable options available to the homeowner
- Timely completion of promised action
- Referrals to available resources
- Confidentiality, honesty, respect and professionalism in all services

I/We will always provide honest and complete information to the counselor, whether verbally or in writing.

I/We will provide all necessary documentation and follow-up information within the timeframe requested.

I/We will contact the Counselor about any changes in our situation immediately.

I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

I/We understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make false statements as applicable under the provisions of Title 18, United States Code, Section 1014.

Applicant Signature

Date

Co-Client Signature

Date

Counselor Signature

Date

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