



## HOMEOWNERSHIP CENTER INTAKE FORM (HPS)

<b><u>Applicant</u></b>	<b><u>Co-Applicant</u></b>
Name: _____	Name: _____
Address: _____	Address: _____
_____ Zip Code: _____	_____ Zip Code: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
DOB: _____ Age: _____	DOB: _____ Age: _____
Family Size: _____ Total Household Income: _____	Family Size: _____ Total Household Income: _____
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
English Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficient? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Housing Arrangement:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Homeowner with mortgage <input type="checkbox"/> Living with family member <input type="checkbox"/> Homeowner with mortgage paid off	<b>Current Housing Arrangement:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Homeowner with mortgage <input type="checkbox"/> Living with family member <input type="checkbox"/> Homeowner with mortgage paid off
Rural Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rural Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently working with a real estate agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working with a real estate agent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Household Type:</b> <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other: _____	<b>Household Type:</b> <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other: _____
<b>Education:</b> <input type="checkbox"/> Never Attended School <input type="checkbox"/> Grades K-8 (Elementary) <input type="checkbox"/> Grades 9-11 (Some High School) <input type="checkbox"/> Grade 12 or GED (High School Graduate) <input type="checkbox"/> College 1-3 years (Some College) <input type="checkbox"/> College 4 years (College Graduate)	<b>Relationship to Applicant:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Girlfriend/Boyfriend <input type="checkbox"/> Parent
<b>Employment Status:</b> <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Unemployed and looking for work <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Stay-at-home caregiver or parent <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Employed Full Time AND Student <input type="checkbox"/> Employed Part Time AND Student	<b>Education:</b> <input type="checkbox"/> Never Attended School <input type="checkbox"/> Grades K-8 (Elementary) <input type="checkbox"/> Grades 9-11 (Some High School) <input type="checkbox"/> Grade 12 or GED (High School Graduate) <input type="checkbox"/> College 1-3 years (Some College) <input type="checkbox"/> College 4 years (College Graduate)
	<b>Employment Status:</b> <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Unemployed and looking for work <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Stay-at-home caregiver or parent <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Employed Full Time AND Student <input type="checkbox"/> Employed Part Time AND Student

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gross Income (before taxes): \$ \_\_\_\_\_  
 Is this amount paid:  Hourly  Weekly  Every two weeks  Twice a month  Monthly

Savings: \$ \_\_\_\_\_ Retirement: \$ \_\_\_\_\_

Please specify sources of income: *Check all that apply*  
 Alimony  Child Support  SSI/SSD  Pension  
 Self-Employed  Unemployment  
 Other: \_\_\_\_\_

**Ethnicity:**  
 I do not wish to furnish this information (initials) \_\_\_\_  
 Hispanic or Latino  Not Hispanic or Latino

**Race:**  
 Hispanic or Latino  Not Hispanic or Latino  
 American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  White  Other Multiple Race

**How did you hear about us?**  
 Newspaper  Referral from County or Government office  
 Media  Lender/Bank  Social Media  
 CDCLI Orientation  Other: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gross Income (before taxes): \$ \_\_\_\_\_  
 Is this amount paid:  Hourly  Weekly  Every two weeks  Twice a month  Monthly

Savings: \$ \_\_\_\_\_ Retirement: \$ \_\_\_\_\_

Please specify sources of income: *Check all that apply*  
 Alimony  Child Support  SSI/SSD  Pension  
 Self-Employed  Unemployment  
 Other: \_\_\_\_\_

**Ethnicity:**  
 I do not wish to furnish this information (initials) \_\_\_\_  
 Hispanic or Latino  Not Hispanic or Latino

**Race:**  
 Hispanic or Latino  Not Hispanic or Latino  
 American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  White  Other Multiple Race

**How did you hear about us?**  
 Newspaper  Referral from County or Government office  
 Media  Lender/Bank  Social Media  
 CDCLI Orientation  Other: \_\_\_\_\_

Mortgage Company (Servicer): \_\_\_\_\_  
 Payment Status:  Current - If not current, how many months behind? \_\_\_\_\_  
 Is this your primary residence?  Yes  No How many years at this residence? \_\_\_\_\_  
 Property Type:  Single Family  Condo  Co-op  Legal Two family  other  
 Did anyone offer to help modify your mortgage, either directly, through advertising or by any other means such as a flyer?  Yes  No  
 Were you guaranteed a loan modification or asked to do any of the following:  Pay Fee  Sign Contract  Redirect Mortgage Payments  Sign over Title  Stop Making Payments  
 What year did you purchase your home? \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Loan Amount \$ \_\_\_\_\_  
 Have you refinanced this mortgage?  Yes  No If yes, how many times? \_\_\_\_\_  
 What was the reason for the refinance?  Cash out/Debt consolidation  Home Improvements  Other  
 Can you afford your mortgage as is?  Yes  No If not, what payment can you afford? \$ \_\_\_\_\_

<b>First Mortgage</b>	<b>Second Mortgage</b>
Date the loan was taken out: ____/____/____	Date the loan was taken out: ____/____/____
Loan Number: _____	Loan Number: _____
How many months late: _____	How many months late: _____
Amount in arrears: \$ _____	Amount in arrears: \$ _____
Mortgage Servicer: _____	Mortgage Servicer: _____
Investor: <input type="checkbox"/> Fannie Mae <input type="checkbox"/> Freddie Mac <input type="checkbox"/> Unknown	Investor: <input type="checkbox"/> Fannie Mae <input type="checkbox"/> Freddie Mac <input type="checkbox"/> Unknown
Insurer: <input type="checkbox"/> FHA <input type="checkbox"/> PMI <input type="checkbox"/> Unknown	Insurer: <input type="checkbox"/> FHA <input type="checkbox"/> PMI <input type="checkbox"/> Unknown
Interest rate: ____% <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Interest rate: ____% <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Current balance on loan: \$ _____	Current balance on loan: \$ _____
Term of loan: _____	Term of loan: _____
Total monthly payment: \$ _____	Total monthly payment: \$ _____
Monthly Payment Includes: <input type="checkbox"/> Property Taxes <input type="checkbox"/> Homeowners Insurance <input type="checkbox"/> Private Mortgage Insurance	

Reason for Mortgage lateness or concerns (check all that apply):  Medical/Illness  Income Loss/Change Affordability  
 Divorce/Separation  Other Explain hardship, please include dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

<b>CDCLI Office Use Only:</b> Intake Date: _____ Intake Initials: _____ Client ID #: _____
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**Community Development Corporation of Long Island, Inc.**  
2100 Middle Country Road, Centereach, New York 11720  
(631) 471-1215 • Fax: (631) 471-3087 • [www.cdcli.org](http://www.cdcli.org)

## **CLIENT AGREEMENT AND AUTHORIZATIONS**

You have requested that the Community Development Corporation of Long Island, Inc. (CDCLI) provide you with housing counseling services. We are very pleased to have the opportunity to work with you and assist you with your housing and financial needs. This will describe certain understandings with respect to the services being provided and our respective roles and responsibilities.

### **COUNSELOR ROLE & RESPONSIBILITY:**

- Review your housing goal and your finances; which include your income, debts, assets, and credit history.
- Prepare a client action plan that lists the steps to take in order to achieve your goals.
- Prepare a household budget that will help you manage your debt, expenses, and savings.
- Present reasonable options available based on your current situation.
- Provide guidance and education in support of your goals. Your counselor is not responsible for achieving your goals.
- Offer referrals to needed resources.
- Provide services competently, honestly, and respectfully.

### **CLIENT ROLE & RESPONSIBILITY:**

- Provide accurate information about your income, debts, expenses, credit and employment.
- Attend meetings, return calls, and promptly provide requested paperwork.
- Complete the steps assigned to you in your Action Plan.
- Attend educational workshops (e.g. Homebuyer Education) as recommended.
- Retain an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
- Work cooperatively with your counselor in the provision of services.

**NO LEGAL ADVICE:** CDCLI counselors may answer questions, make referrals for services, and provide information but cannot provide legal or tax advice on any matter including those related to foreclosure, bankruptcy, lending, leasing or house closings.

**AUTHORIZATIONS:** It may be necessary for CDCLI (1) to obtain, receive, and/or verify information about you from unaffiliated third parties; and (2) to disclose, share and/or discuss information about you with such third parties. To assist you, you agree as follows:

**Authorization for Third Parties:** You authorize CDCLI to initiate, and/or engage, in written or oral communication with, any and all lenders, banks, government agencies, mortgage servicers, creditors, employers, non-profit service providers, or credit reporting agencies, not-for-profit agencies, corporations, foundations, and/or other third parties, to discuss, review, examine and/or disclose your file relating to the housing counseling services you are receiving, including the contents thereof, as well as any and all aspects of your case, including your situation, challenges or opportunities related thereto, for any purpose reasonably believed by CDCLI to be necessary or desirable. You understand and agree that, in connection with such communications, personal information about you and your case will be disclosed, shared, received, verified, and discussed. If the services you are receiving from CDCLI relate to mortgage foreclosure counseling, then you specifically understand and agree that, in addition, your current mortgage situation, including a possible work out, repayment, refinance, delinquency or any other assistance, will be disclosed, shared, received, verified, and discussed with such parties. If the services you are receiving relate to home buyer counseling/education, then we may also contact your lender to obtain a copy of your Closing Disclosure Form.

**Authorization for Credit Report and Score:** You authorize CDCLI to obtain and review your credit report and score, from a Consumer Credit Reporting Agency as CDCLI shall choose, and to use and share information contained therein as set forth above. In the event a credit report and score is ordered on more than one client signing this authorization, then CDCLI is also authorized to share the information received between such clients. CDCLI may obtain such credit reports and scores up to two more times.

**Authorization for Program Funders:** You authorize CDCLI to disclose information on you, for program reporting, reviewing, compliance, monitoring, auditing, research or oversight, to funders or program partners such as HUD, NYS Housing & Community Renewal, and the NYS Attorney General, Empire Justice Center, and NeighborWorks America under various programs including the Project Reinvest: Financial Capability Program. As part of such disclosure, your client-level information relating to our programs and services will also be uploaded through Client Management Systems and your client files will be available to our program partners for reporting, reviewing, compliance, monitoring, auditing, research or oversight.

**CLIENT FOLLOW-UP/QUALITY ASSURANCE:** In order to assess client satisfaction and program evaluation, CDCLI, or its partners, such as NeighborWorks America, may contact you within three years, in connection with programs and services provided including NeighborWorks America, Project Reinvest: Financial Capabilities Program, as applicable.

**ERRORS AND OMISSIONS AND DISCLAIMER OF LIABILITY:** You agree that CDCLI, its employees, agents, officers, directors, and affiliates, are not liable for any claims, liabilities, causes of action, expenses or damages whatsoever arising from actions, errors or omissions by such parties, related to the services provided to you, your participation in CDCLI counseling, or the disclosure of your information, and you hereby release and waive all claims, liabilities, causes of action, expenses and damages, against CDCLI, its employees, agents, officers, directors and affiliates whether now existing or hereafter arising. You have read this document, understand that you have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Client Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_



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### **PROGRAM DISCLOSURE FORM (AS PER 24 CFR 214.303)**

**ABOUT US:** Community Development Corporation of Long Island, Inc. (CDCLI) is a 501(c)(3) nonprofit, HUD-approved comprehensive housing counseling agency. We are a chartered member of NeighborWorks America and rated as an "exemplary" organization. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

**CDCLI SERVICES:** CDCLI provides the following programs and services:

**First Time Home Buyer Education:** A course designed to prepare those who are mortgage ready for the process of purchasing a home. This involves an 8-hour course (taken in person or on-line) followed by a one-to-one session with a counselor.

**Home Buyer Counseling:** Longer term counseling to prepare those in becoming ready to purchase a home including individual counseling to review your financial situation and credit report, mortgage terms and process, and what to expect at closing.

**Grants for First Time Homebuyers:** CDCLI administers funds through NYS to assist income eligible buyers with down payment and rehabilitation costs on their first house.

**Financial Fitness, Health & Wealth Counseling:** A program to learn how to maximize income, increase savings, improve credit, and reduce debt. May include one-to-one financial coaching sessions to get personalized guidance to achieve full financial potential.

**Home Maintenance Training:** Provide an in-house course on basic elements of home repair.

**Foreclosure Counseling:** Assists homeowners who have fallen behind or who are in danger of falling behind on their mortgage. You are counseled through the process and work out options, if available, and assisted with organizing an effective exit strategy if no other options are available.

**Reverse Mortgage Counseling:** Assists seniors by explaining how reverse mortgages work and their implications, the appropriateness of a reverse mortgage for your situation and alternatives.

**Loans for First Time Home Buyers & Home Owners:** Through our affiliate, CDCLI Funding Corporation, loans and grants may be applied for to assist with down payment and closing costs, home improvement, Voucher Home Ownership, or septic system replacement.

**Single family & multi-family rental housing:** CDCLI, and its affiliates, develop and own rental housing throughout Long Island, including our Rent to Own Program. We also assist the Suffolk County LandBank with developing, marketing and selling single family homes.

**CDCLI RELATIONSHIPS WITH INDUSTRY PARTNERS AND AFFILIATES:** CDCLI has financial and professional affiliations with other industry partners, including but not limited to, HUD, NeighborWorks America, the State of New York, including NYS Housing and Community Renewal, the State of New York Mortgage Agency (SONYMA), the NY Mortgage Coalition, the NYS Attorney General's office, the County of Suffolk, the Town of Brookhaven, the Town of Babylon, CitiBank, JPMorgan Chase, Santander, Capital One, and Bank of America. A complete list of Industry partners can be found at [www.cdcli.org](http://www.cdcli.org). CDCLI receives on-going financial support from these agencies in the form of grants, loans or fees for service and we want to make you aware of this fact. For example, (a) CDCLI is a member of the NY Mortgage Coalition and, therefore, receives a fee from participating lenders (such as Citibank) if a client utilizes such lender for a mortgage product; and (b) CDCLI packages a second mortgage product on behalf of Peoples Bank and receives a fee for such services. CDCLI also works with its two affiliates, CDCLI Funding Corporation and CDCLI Housing Development Fund Corporation. These affiliates make loans available to first-time home buyers and homeowners for down payment assistance, home improvement and Voucher Home Ownership and develop, own, rent and lease single family houses to income eligible individuals.

**RIGHT TO CHOOSE OTHER SERVICES, PROGRAMS & PRODUCTS:** In the process of providing you with consultation and counseling, CDCLI may advise you of, and refer you to, programs and services offered by CDCLI, its affiliates, and its industry partners, including those described above.

**We want you to know that you are absolutely under no obligation to utilize any of the programs or services offered by CDCLI, its affiliates or its industry partners. You are free to choose whatever lenders, lending products, real estate professionals, attorneys, advisors, counselors, or other services, programs and products that you wish and that best meet your needs, regardless of any recommendations made by CDCLI.**

Further, we encourage you to review and seek alternative services, programs and products from other entities offering products and services similar to CDCLI including the Federal Housing Administration (FHA), Long Island Housing Services (LIHS), or the Economic Opportunity Council, Inc. (EOC), for other lending products or first-time homebuyer and counseling programs.

**REFERRALS AND COMMUNITY RESOURCES:** You are being provided a resource list which identifies alternative agencies that provide services, programs, or products identical or similar to those offered by CDCLI, its affiliates and industry partners and which outlines other area services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. A copy of the Referral and Community List is attached as Schedule A.

**CONFLICT OF INTEREST POLICY:** No CDCLI employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

**The undersigned acknowledge(s) that he/she/they received, reviewed, and agree to CDCLI's Program Disclosures as stated above.**

**CLIENT(S)**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNSELOR:**

The undersigned, Counselor, has reviewed CDCLI's Program Disclosures, as stated above, with the Client(s).

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*



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## **PRIVACY & DISCLOSURE POLICY**

CDCLI is committed to the privacy of individuals and/or families who have come to us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared with us will be managed within legal and ethical considerations. However, in order to provide program services to you and to remain in compliance with our program partners who provide CDCLI with funds and programs to provide services to you, it will be necessary for CDCLI to disclose all or a part of your “non-public personal information” to certain parties. “Non-public personal information” is information that identifies you personally and is not generally known to the public such as your Social Security Number, credit history, income, employment history, financial assets, bank account information and financial debts. It does not include anonymous, aggregated case file information for purposes of research and analysis.

**It is important that you clearly understand how we use, manage and disclose the personal information we collect about you. The following describes our policy regarding the collection and disclosure of your “non-public personal information.”**

### **HOW DO WE SECURE YOUR INFORMATION?**

CDCLI maintains physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information from unauthorized use or disclosure. Client files are maintained in locked file cabinets and electronic client files are kept secure and accessible only to necessary or authorized individuals.

### **WHAT CATEGORIES OF INFORMATION DOES CDCLI COLLECT FROM YOU & DISCLOSE?**

- Information you provide on applications/forms/surveys or other forms of electronic or verbal communication. This information may include your name, address, Social Security number, employer, occupation, account numbers, assets, expenses, and income, as well as demographic information such as age, race and ethnicity
- Information on the services we are providing such as the number and type of services, outcomes, outputs, challenges and the fact that you are receiving services
- Information we receive from third parties such as your creditors or employment or personnel references
- Information about your transactions with us, our affiliates, or others such as your account balance, monthly payment, payment history and method of payment
- Information we receive from a consumer credit reporting agency such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness
- Information we may receive from you in program evaluation follow-up

### **TO WHOM DOES CDCLI DISCLOSE THE INFORMATION?**

- Employees and affiliates of CDCLI who may need to know that information in order to (i) provide you with products or services to assist you; (ii) to aid employees in performing their duties; or (iii) monitor, evaluate, report, review, audit or research
- Funders or program partners such as HUD, NeighborWorks America, NYS Housing & Community Renewal, and the NYS Attorney General, for program reporting, reviewing, monitoring, auditing, research or oversight
- Unaffiliated third parties as required by law or legal order
- Unaffiliated third parties such as lenders, banks, government agencies, mortgage servicers, creditors, employers, non-profit service providers, credit reporting agencies, corporations, foundations, and legal counsel, for purposes of providing you with products or services

**OPTING OUT OF CERTAIN DISCLOSURES TO UNAFFILIATED THIRD PARTIES**

You may “Opt Out” and direct that CDCLI *not* disclose your nonpublic personal information to certain unaffiliated third parties (other than disclosures required by law or legal order and disclosures to our funders and program partners). You may “opt-out” at any time by emailing us at [homebuyer@cdcli.org](mailto:homebuyer@cdcli.org). Please be aware that, if you “Opt-Out,” then we may not discuss your case with creditors or others and we will be limited in the services we are able to provide to you.

Unless and until you elect to “Opt-Out,” CDCLI is authorized to disclose your non-public personal information as stated above and as you may further agree by your signed **Client Agreement and Authorization Form**.

**I acknowledge that I have read and understand the above privacy practices and disclosures and have been given a copy for my records.**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Counselor, identified below, has reviewed the above privacy practices and disclosures with the client(s).**

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE:** If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing or understanding this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*





## HOMEOWNER PRESERVATION SERVICES PROGRAM Document Checklist

The following items are required to complete the counseling process. Please bring copies to your appointment.

**\*\* You must provide copies - we do not accept originals \*\***

- \_\_\_\_\_  (2) Forms of Valid NYS Photo ID
- \_\_\_\_\_  Mortgage Statement (or any recent correspondence showing loan number and names on loan) - all individuals on the loan should be present
- \_\_\_\_\_  Deed or Title to prove ownership
- \_\_\_\_\_  Recent Property Tax receipt (school, village, town, etc)
- \_\_\_\_\_  Utility receipts/bills (oil, gas, electric, cable, water, etc.)
- \_\_\_\_\_  Hardship Letter - *if you cannot draft one, we will assist you*
- \_\_\_\_\_  Financial Worksheet/Modification package from your Mortgage Company- call and ask who your investor is: \_\_\_\_\_ and which financial form to use.
- \_\_\_\_\_  IRS Form 4506T or EZ (servicer will advise)
- \_\_\_\_\_  Proof of Income:
  - One month of most current pay stubs for all household contributors
  - Award letter or documentation of other household income such as Social Security, SSI, and Workers Compensation/Child Support
  - Contributor Statement / Rental Lease agreement
- \_\_\_\_\_ Three months of Bank Statements (all pages) for checking and savings account
- \_\_\_\_\_ If self-employed, profit and loss statement for most recent quarter – signed & dated and 6 months Bank statements
- \_\_\_\_\_ Federal Income Tax Return (signed, dated and completed 1040 with all schedules and W2's/1099's - 2019 2018 2017
- \_\_\_\_\_ Homeowners Insurance policy declaration page
- \_\_\_\_\_ Real estate listing agreement, *if up for sale*
- \_\_\_\_\_ Bankruptcy Discharge all pages, *if applicable*
- \_\_\_\_\_ Divorce/Separation Agreement all pages, *if applicable*
- \_\_\_\_\_ Child Support Agreement all pages, *if applicable*
- \_\_\_\_\_ Court documents received - Summons, Settlement Conference, etc., *if applicable*
- \_\_\_\_\_ Quitclaim Deed, *if applicable*