



Neighborhood Housing Services HomeOwnership Center Intake Information Form



HomeOwnership Center Office Location: 213 S Central—Office #103

Main Office and Mailing Address: 125 E Seminary St, Richland Center, WI 53581

Phone: 608-647-4949 Fax: 608-647-8293 www.nhsrcwi.org

HOC Advising Staff: Johnnie Hawkins - Johnnie@nhsrcwi.org or 608-647-4949 | Tamekia Keys - 608-647-4949

Appointment: _____ Time: _____

Please return completed packet and the following at least 24 hours prior to your appointment or it will be rescheduled:

- ☐ **Two months most recent pay stubs**
- ☐ **Two most recent months of all bank statements**
- ☐ **Previous year's federal taxes**
- ☐ **Driver's license**

Also if applicable:

- ☐ **Divorce decree or other child custody documentation**
- ☐ **Bankruptcy discharge**
- ☐ **Social Security award letter and 3 most recent bank statements showing deposits**
- ☐ **Latest statement for retirement/investment accounts**



NHS provides the information and tools necessary for a successful home purchase experience. The path to purchasing a home is seldom easy and may require some preparation to reach that goal. NHS's highly trained homeownership specialists are available to provide a personalized mortgage-readiness assessment, answer your questions, and see you through to the end of your home purchase. There is a \$500.00 fee and it is available to anyone.

In a typical consultation, your homeownership advisor will:

- Run calculations to determine what you can afford in a monthly mortgage payment and what that translates into for a purchase price
- Pull and review your credit report and score
- Review your income and expenses and explore ways to make your money work better for you
- Examine various loan products available for homebuyers with no or little down payment
- Develop a written plan to follow as you get ready to apply for a mortgage and make an offer to purchase on the place you hope to call home
- Determine if you appear eligible for a 0% down payment assistance loan from NHS
- Provide the "next steps" to homeownership with a detailed action plan and continued coaching

Online Homebuyer Education at www.ehomeamerica.org/nhsrcwi

\$99 registration fee; \$75 for USDA Rural Development borrowers with code



**PRIVACY POLICY AND PRACTICES OF
NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.**

Neighborhood Housing Services of Southwest Wisconsin, Inc. values your trust and is committed to the responsible management, use, and protection of personal information. This notice describes our policy regarding the 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 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 lending operations and financial fitness counseling, and to assist you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

Information that we receive from you on application or other forms,
Information about your transactions with us, our affiliates, or others,
Information we receive from a consumer reporting agency, and
Information we receive from personal/employment references, and any other sources necessary to verify customer details

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, social security number, employer, occupation, assets, debts, and income;
Information about your transactions with us, our affiliates or others, such as your account balance, payment history, and parties to your transactions; and
Information that we receive from a consumer reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.

To Whom We Disclose

We may disclose your personal information to the following types of nonaffiliated third parties:

Financial service providers, such as companies engaged in providing home mortgage or home equity loans, and Others, such as nonprofit organizations involved in community development, but only for program review, auditing, and research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

You May Opt-out of Certain Disclosures

You have the opportunity to "opt-out" of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct 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 "opt-out" or change your decision with regard to your "opt-out", you may call us at 608-647-4949.

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 services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, assisting 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. In addition, our employees are trained in the importance of maintaining confidentiality and client privacy. Our safeguards comply with federal regulations to guard your personal information.

KEEP THIS PAGE

NHS of Southwest Wisconsin Advising Agreement and Program Disclosure Statement

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

Neighborhood Housing Services of Southwest Wisconsin is a HUD-approved, non-profit, community development agency serving all of Richland County (with certain programs extending to all of Southwest Wisconsin). The Home-Ownership Center provides pre-home purchase education and individual advising, foreclosure intervention advising, reverse mortgage counseling, financial capability classes (periodically) and advising, and post purchase advising, as well as down payment assistance funds to qualifying borrowers. The NHS agency also consists of a Home Rehab Program, providing loans to low or moderate income homeowners to repair or rehab their homes, and the Park Hotel Senior Citizen Apartments. 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.).

Purpose of Housing Advising: I understand that the purpose of the housing advising program is to provide one-on-one consultation to help determine my mortgage readiness. The counselor will be available throughout the home loan/purchase process for additional advising.

As a housing advising program participant, please affirm your roles and responsibilities along with the following disclosures by signing and dating on the following page.

<u>Adviser's Roles and Responsibilities</u>	<u>Client's Roles and Responsibilities</u>
<ul style="list-style-type: none">• Review your housing goal and your finances, which includes your income, debts, assets, and credit history.• Prepare a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.• Recommend a household budget that will help you manage your debt, expenses, and savings.• Your adviser is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.• Neither your adviser nor NHS employees, agents, or directors may provide legal advice.	<ul style="list-style-type: none">• Complete the steps assigned to you in your Client Action Plan.• Provide accurate information about your income, debts, expenses, credit, and employment.• Attend meetings, return calls, and provide requested paperwork in a timely manner.• Notify your adviser when changing a housing goal.• Attend educational workshops as recommended.• Retain an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Alternative Services, Programs, and Products, and Client Freedom of Choice: NHS has an online homebuyer education program in partnership with eHome America; however, you are not obligated to receive, purchase or utilize this or any other services offered by the organization to receive housing advising, including down payment or rehab loans. You may select any licensed professional of your choice. Rehab contractors must be on the NHS approved contractor listing if obtaining a rehab loan through NHS. You may consider seeking alternative products and services from other entities including FHA homebuyer loan programs, GreenPath, or CouleeCap.

Mortgage Financing Assistance: You understand that the advisor may help to identify loan and assistance programs, including the down payment assistance program through NHS. With your permission, your customer information will be communicated to your selected lender. You understand that the advising agency does not guarantee that you will receive mortgage financing. You are under no obligation to obtain mortgage financing from NHS or any specific lender recommended by NHS. Completion of the HomeOwnership Program does not approve you for NHS financing. Second Mortgage Down payment Assistance financing has income, credit, and other qualifying guidelines that must be met to be approved.

Notice to Borrowers: You are not required to provide NHS of Southwest Wisconsin, or any of its agents, officers, or employees, with your social security number. However, failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

Agency Relationships: NHS has financial affiliation with HUD, NeighborWorks America, the State of Wisconsin, Richland County, the City of Richland Center, and a professional affiliation with Rural Development, WCCU Credit Union, BMO Harris Bank, Richland County Bank, Peoples Community Bank. As a housing advising program participant, you are not obligated to use the products and services of NHS or our industry partners.

Agency Conduct: No NHS employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering advising operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise the Agency's compliance with federal regulations or our commitment to serving the best interest of our clients.

Notice to Borrowers: The Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, Federal Housing Administration, or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to DHIR/DOH, FHA, or VA without further notice or authorization, but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

General Provisions: As a client of the agency, you agree to indemnify NHS of Southwest Wisconsin, Inc, their funding sources, and its employees, members, officers, and directors in connection with acts performed by them which reasonably would be associated with consultation, financial advising, loan processing, property inspection and other related activities. You agree to release NHS of liability arising from errors or omissions by such parties, or related to your participation in NHS advising. 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.

Quality Assurance: In order to assess client satisfaction, and in compliance with grant funding requirements, NHS or one of its partners may contact you during or after the completion of your housing advising service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with NHS grantors such as HUD, the State of Wisconsin, or NeighborWorks America. By participating in the NHS HomeOwnership Program, you agree to be contacted for the purposes described above without further permissions being requested.

GRIEVANCE/APPEAL STATEMENT

In the event the applicant disagrees with the rejection of his/her down payment and/or rehab application, an appeal may be made in writing within 30 days of receipt of denial by agency. Applicant should include a short summary of why the decision is being appealed and include the name of the housing program being denied (i.e. HOME/HHR; HCRI; CDBG). Appeals should be directed to the NHS of Southwest Wisconsin Loan Committee in care of the Executive Director; 125 E Seminary Street, Richland Center, WI 53581. The NHS Loan Committee and Executive Director will review the appeal and notify the appellant of their final decision in writing within 60 days of receipt.

KEEP THIS COPY

NHS of Southwest Wisconsin Advising Agreement and Program Disclosure Statement

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

Neighborhood Housing Services of Southwest Wisconsin is a HUD-approved, non-profit, community development agency serving all of Richland County (with certain programs extending to all of Southwest Wisconsin). The Home-Ownership Center provides pre-home purchase education and individual advising, foreclosure intervention advising, reverse mortgage counseling, financial capability classes (periodically) and advising, and post purchase advising, as well as down payment assistance funds to qualifying borrowers. The NHS agency also consists of a Home Rehab Program, providing loans to low or moderate income homeowners to repair or rehab their homes, and the Park Hotel Senior Citizen Apartments. 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.).

Purpose of Housing Advising: I understand that the purpose of the housing advising program is to provide one-on-one consultation to help determine my mortgage readiness. The counselor will be available throughout the home loan/purchase process for additional advising.

As a housing advising program participant, please affirm your roles and responsibilities along with the following disclosures by signing and dating on the following page.

<u>Adviser's Roles and Responsibilities</u>	<u>Client's Roles and Responsibilities</u>
<ul style="list-style-type: none">• Review your housing goal and your finances, which includes your income, debts, assets, and credit history.• Prepare a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.• Recommend a household budget that will help you manage your debt, expenses, and savings.• Your adviser is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.• Neither your adviser nor NHS employees, agents, or directors may provide legal advice.	<ul style="list-style-type: none">• Complete the steps assigned to you in your Client Action Plan.• Provide accurate information about your income, debts, expenses, credit, and employment.• Attend meetings, return calls, and provide requested paperwork in a timely manner.• Notify your adviser when changing a housing goal.• Attend educational workshops as recommended.• Retain an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Alternative Services, Programs, and Products, and Client Freedom of Choice: NHS has an online homebuyer education program in partnership with eHome America; however, you are not obligated to receive, purchase or utilize this or any other services offered by the organization to receive housing advising, including down payment or rehab loans. You may select any licensed professional of your choice. Rehab contractors must be on the NHS approved contractor listing if obtaining a rehab loan through NHS. You may consider seeking alternative products and services from other entities including FHA homebuyer loan programs, GreenPath, or CouleeCap.

Mortgage Financing Assistance: You understand that the advisor may help to identify loan and assistance programs, including the down payment assistance program through NHS. With your permission, your customer information will be communicated to your selected lender. You understand that the advising agency does not guarantee that you will receive mortgage financing. You are under no obligation to obtain mortgage financing from NHS or any specific lender recommended by NHS. Completion of the HomeOwnership Program does not approve you for NHS financing. Second Mortgage Down payment Assistance financing has income, credit, and other qualifying guidelines that must be met to be approved.

Notice to Borrowers: You are not required to provide NHS of Southwest Wisconsin, or any of its agents, officers, or employees, with your social security number. However, failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

Agency Relationships: NHS has financial affiliation with HUD, NeighborWorks America, the State of Wisconsin, Richland County, the City of Richland Center, and a professional affiliation with Rural Development, WCCU Credit Union, BMO Harris Bank, Richland County Bank, Peoples Community Bank. As a housing advising program participant, you are not obligated to use the products and services of NHS or our industry partners.

Agency Conduct: No NHS employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering advising operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise the Agency’s compliance with federal regulations or our commitment to serving the best interest of our clients.

Notice to Borrowers: The Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, Federal Housing Administration, or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to DHIR/DOH, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

General Provisions: I further agree to indemnify NHS of Southwest Wisconsin, Inc, their funding sources, and its employees, members, officers, and directors in connection with acts performed by them which reasonably would be associated with consultation, financial advising, loan processing, property inspection and other related activities. I agree to release NHS of liability arising from errors or omissions by such parties, or related to my participation in NHS advising. I have read this document, understand that I 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.

Quality Assurance: In order to assess client satisfaction, and in compliance with grant funding requirements, NHS or one of its partners may contact you during or after the completion of your housing advising service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with NHS grantors such as HUD, the State of Wisconsin, or NeighborWorks America. By participating in the NHS HomeOwnership Program, you agree to be contacted for the purposes described above without further permissions being requested.

GRIEVANCE/APPEAL STATEMENT

In the event the applicant disagrees with the rejection of his/her down payment and/or rehab application, an appeal may be made in writing within 30 days of receipt of denial by agency. Applicant should include a short summary of why the decision is being appealed and include the name of the housing program being denied (i.e. HOME/HHR; HCRI; CDBG). Appeals should be directed to the NHS of Southwest Wisconsin Loan Committee in care of the Executive Director; 125 E Seminary Street, Richland Center, WI 53581. The NHS Loan Committee and Executive Director will review the appeal and notify the appellant of their final decision in writing within 60 days of receipt.

By signing below, I acknowledge that I have received, reviewed, and agree to the above program Disclosure and Counseling Agreement.

Signature _____

Date _____

Signature _____

Date _____

NHS OF SOUTHWEST WISCONSIN, INC.

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for housing assistance through NHS of Southwest Wisconsin, Inc. and, as evidenced by my/our signature(s), I/we hereby authorize Johnnie Hawkins or any counselor from NHS of Southwest Wisconsin, Inc. to obtain verification of any and all information relating to my/our INCOME, ASSETS, EMPLOYMENT, CREDIT STANDING, PROPERTY OWNERSHIP, MORTGAGE STANDING, HOMEOWNER'S INSURANCE AND HOUSING EXPENSES. Furthermore, I/We authorize the release of such information at the request of NHS of Southwest Wisconsin, Inc.

A photographic copy of this authorization, including a photographic copy of my/our signature(s), may be deemed to be the equivalent of the original and may be used as a duplicate original.

I/We understand that this information will be kept confidential by NHS of Southwest Wisconsin, Inc. and will be used solely for the purpose of determining my/our eligibility for participation in the HomeOwnership Program provided through NHS of Southwest Wisconsin, Inc. The information may be shared with HUD, NeighborWorks America, or the State of WI for monitoring and oversight procedures.

NHS of Southwest Wisconsin can be reached at 608-647-4949.

Signature of Client Date

Signature of Client 2 Date

Name (print)

Name (print)

Address

Address

XXX-XX-____

Social security number

XXX-XX-____

Social security number

Authorization is valid for one (1) year from date of signing.

NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.

125 E. SEMINARY STREET, RICHLAND CENTER, WI 53581

Phone [608] 647-4949

Fax [608]647-8792

CONSUMER AUTHORIZATION AND RELEASE

* I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "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 advising agency, NHS of Southwest Wisconsin, ("Adviser") for Adviser to provide housing advising 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 THAT CREDCO MAKES NO REPRESENTATION OF WARRANTY, EXPRESS 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, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, 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 or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any 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 or 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.

General Authorization

I authorize the staff of NHS of Southwest Wisconsin, Inc to share pertinent information with my lender or creditors and to obtain or provide specific reports, such as personal credit reports, property title and tax searches, building code inspection reports, property appraisals, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

PERMISSION FOR CLOSING DISCLOSURE RELEASE

What it is: The Closing Disclosure is a federal form itemizing all the costs of the sale of a property and who pays for them. This includes the terms of your loan, such as the purchase price, settlement charges and down payment amount.

Why we ask for it: As a non-profit agency providing free, impartial services to the community, some of our funding sources require that we provide status information on the clients we counseled and helped to achieve the goal of homeownership. The information provided in the Closing Disclosure allows us to count you as a successful homebuyer!

I have read and agree to the above authorizations, including granting permission to the Neighborhood Housing Services of Southwest WI to obtain a copy of the Closing Disclosure from the lender who provided me a loan or the title company that closed the loan when I purchased a home.

Name(s), printed _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Client Information

Name _____

Address _____

City _____ Zip _____

Home phone (____) ____ - _____

Mobile phone (____) ____ - _____

Email _____

Date of Birth ____/____/____

Age _____

Social Security Number ____ - ____ - ____

Sex ____ Male ____ Female

Race:

- ☐ Do not wish to declare
☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Asian and White
☐ Black/African American and White
☐ Other _____

Are you Hispanic? ____ yes ____ no

Were you Foreign Born (born outside the USA)?

____ yes ____ no

If yes:

Are you a citizen? ____ yes ____ no

Are you a permanent resident alien?

____ yes ____ no

Marital Status:

- ☐ Married
☐ Single
☐ Divorced
☐ Separated
☐ Widowed

Education:

- ☐ None
☐ Primary
☐ High school diploma or equivalent
☐ College
☐ Graduate school
☐ Vocational school

Are you a veteran? ____ yes ____ no

Client (2) Information

Name _____

Address _____
_____ ☐ Check if same

City _____ Zip _____

Relationship to Client _____

Home phone (____) ____ - _____

Mobile phone (____) ____ - _____

Email _____

Date of Birth ____/____/____

Age _____

Social Security Number ____ - ____ - ____

Sex ____ Male ____ Female

Race:

- ☐ Do not wish to declare
☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Asian and White
☐ Black/African American and White
☐ Other _____

Are you Hispanic? ____ yes ____ no

Were you Foreign Born (born outside the USA)?

____ yes ____ no

If yes:

Are you a citizen? ____ yes ____ no

Are you a permanent resident alien?

____ yes ____ no

Marital Status:

- ☐ Married
☐ Single
☐ Divorced
☐ Separated
☐ Widowed

Education:

- ☐ None
☐ Primary
☐ High school diploma or equivalent
☐ College
☐ Graduate school
☐ Vocational school

Are you a veteran? ____ yes ____ no

The information solicited on this application is requested by the grantee in order to assure that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Household Information:

Should include any other adult household member information

Estimated Annual Household Income _____
(include all sources of income: wages, social security, child support, SSI etc.)

Household Type:

- ☐ Female-headed single-parent household
☐ Male-headed single-parent household
☐ Married with Children
☐ Married without Children
☐ Single Adult
☐ Two or more unrelated adults
☐ Other _____

Family Size _____ (count everyone who will live with you at least 50% of the time in the newly purchased home).

Dependents:

Name/Gender	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any other adults who will be living with you, their relationship and annual income below.

Is anyone in the household disabled? ____yes ____no

If yes, list name and relationship: _____

Please tell us how you learned about NHS:

____Shopping News	____Richland Observer
____Radio	____Muscodia Progressive
____Poster	____Website
____NHS client	____Relative/Friend
____Bank/Lender	_____
____Other	_____

Have you found a house ☐ or are you still looking ☐

Address: _____

Name of Realtor: _____

Lender name/location: _____

Are you a 1st time HomeBuyer? ____yes ____no

Are you a 1st generation HomeBuyer? ____yes ____no
(Your parents, grandparents or great grandparents did not own a house)

Have you had ownership in a property in the past three years?

____yes ____no

If yes: What type of property did you own?

____Primary Residence ____Second Home
____Investment

How did you hold the title to the home?

____Solely (by yourself) ____Jointly with your spouse
____Jointly with another person

County in which you wish to purchase

Do you intend to occupy the property as your primary residence?

Client: ____yes ____no

Client 2: ____yes ____no

Current Housing:

- ☐ Do not pay rent
☐ Homeless
☐ Homeowner with a mortgage
 ☐ Mobile home in park
 lot rent per month _____
 ☐ Mobile home on land
 ☐ Other _____
☐ Homeowner with mortgage paid off
 ☐ Mobile home
 ☐ Other _____
☐ Rent
 Current Monthly Rent amount \$ _____

Do you receive ____section 8
____rental assistance

How long have you lived at current location?
____months ____years

If less than two years, prior address:

Employment Information

Client

Employer: _____

Address: _____

Business Type: _____

Phone number: _____

Fax number: _____

Job Title: _____

Start date _____ Pay Frequency:

Wages: \$ _____ hr/wk/mo/yr ☐ Weekly

Average hours per week _____ ☐ Bi-weekly

☐ Twice a month

☐ Monthly

Previous Income ☐ Full Time
☐ Part Time

If less than 2 years at current job, please give previous employer (if more room is needed, please continue on bottom of page or on a separate sheet):

Wage & Hours per week or Annual Salary amount:

Start date: ____/____/____ End date: ____/____/____

Reason for Leaving: _____

Additional Income

◆Second job (if working more than two jobs, please continue on bottom of page or on a separate sheet)

Employer: _____

Start date: ____/____/____

Wages: _____ Hours/week: _____

◆Social Security Retirement per month \$ _____

◆Do you receive disability pay? ____ Yes ____ No

State: \$ _____

Federal: \$ _____

◆Child Support Received \$ _____

County _____

◆Pension pay \$ _____

From where? _____

Other forms of income and amounts:

Client (2)

Employer: _____

Address: _____

Business Type: _____

Phone number: _____

Fax number: _____

Job Title: _____

Start date _____ Pay Frequency:

Wages: \$ _____ hr/wk/mo/yr ☐ Weekly

Average hours per week _____ ☐ Bi-weekly

☐ Twice a month

☐ Monthly

Previous Income ☐ Full Time
☐ Part Time

If less than 2 years at current job, please give previous employer (if more room is needed, please continue on bottom of page or on a separate sheet):

Wage & Hours per week or Annual Salary amount:

Start date: ____/____/____ End date: ____/____/____

Reason for Leaving: _____

Additional Income

◆Second job (if working more than two jobs, please continue on bottom of page or on a separate sheet)

Employer: _____

Start date: ____/____/____

Wages: _____ Hours/week: _____

◆Social Security Retirement per month \$ _____

◆Do you receive disability pay? ____ Yes ____ No

State: \$ _____

Federal: \$ _____

◆Child Support Received \$ _____

County _____

◆Pension pay \$ _____

From where? _____

Assets

Continue on a separate sheet if more space is needed

	Asset	Bank/Source Name	Location	Value
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Savings			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Checking			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Savings			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Checking			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Cash on Hand			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Bond/Stock			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Bond/Stock			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	CD/ Money Market			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	CD/ Money Market			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Retirement/401K/IRA			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Retirement/401K/IRA			
<input type="checkbox"/> Client	Cash Value of Life Insurance			
<input type="checkbox"/> Client (2)	Cash Value of Life Insurance			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Real Estate			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Real Estate			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other Personal Property of value (collectables)			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other Personal Property of value (collectables)			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other Personal Property of value (collectables)		Total:	

Liabilities

Continue on a separate sheet if more space is needed.

	Liability Type	Creditor Name	Current Balance	Monthly Payment
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Vehicle loan			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Vehicle loan			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Vehicle loan			
<input type="checkbox"/> Client	Child Support			
<input type="checkbox"/> Client (2)	Child Support			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Credit card			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Credit card			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Credit card			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Credit card			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Credit card			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Credit card			
<input type="checkbox"/> Client	Student loan			
<input type="checkbox"/> Client (2)	Student loan			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Medical Bill			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Medical Bill			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other Bank Loan			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other Bank Loan			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Collection			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Collection			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other:			
<input type="checkbox"/> Client <input type="checkbox"/> Client (2)	Other:		Total:	

Monthly Budget

Estimate what you spend each month in each of the following categories. Some expenses occur annually (ex: Christmas gifts); these should be divided by 12 so they are accounted for in a monthly format. Other expenses that vary by the time of year (ex: heating bills) should be written into your budget as an average. Less frequent or irregular expenses should also be listed in the budget as a monthly expense.

<u>Fixed Expenses</u>	Current Average Per Month	Estimate after Purchase
Rent or Mortgage		
Housing Costs:		
Electricity		
Gas or Oil for heating home		
Water/sewer		
Garbage		
Monthly Insurance Payments:		
Vehicle		
Renter's or Homeowner's		
Life		
Health (If not taken out of paycheck)		
Property Taxes		
Child Care		
Child Support paid (If not taken out of paycheck)		
Subtotal, Fixed		
<u>Debt payments</u>		
Car payment		
Credit Card (monthly min):		
Credit Card:		
Credit Card:		
Student Loan		
Medical Bill		
Payday loan		
Other:		
Other:		
Subtotal, Debt		
<u>Flexible Expenses</u>		
Food:		
Groceries		
Work/School Lunches		
Household:		
Cell Phone		
Landline (Installed Phone)		
Cable or Satellite T.V.		
Internet		
Household Supplies (Toilet paper, cleaning solutions, etc.)		
Household furnishings		
Transportation:		
Gas for Vehicle		
Vehicle Expenses (oil, repairs, license, etc.)		
Transportation other than car		
Personal Items:		
Hair cuts, make-up, shampoo, etc.		
Clothing		



For example:
If you pay \$300 towards your car insurance four times a year – for a total of \$1200 a year – that means you need to budget \$100 a month to have enough money for your quarterly payments.

Adapted from "Tips to Go," Peggy Olive, Family Living Agent, Richland County UW-Extension, 2005.
 Updated by NHS of Southwest Wisconsin 1/23/17.

Laundry or Dry Cleaning		
Education		
School supplies		
Tuition		
Pets		
Food		
Vet bills		
Medical:		
Doctor Co-pays or Co-insurance		
Dentist Co-pays or Co-insurance		
Prescriptions		
Other:		
Other:		
Subtotal, Flexible		
Discretionary Expenses		
Going Out		
Eating out or take-out		
Other Going Out		
Personal allowance or “fun money”		
Contributions/Donations		
Dues (fitness clubs, social clubs, professional societies)		
Lessons (sports, dance, music)		
Kid’s allowances		
Gifts/Cards:		
Birthdays		
Holidays		
Other		
Stamps/Postage		
Newspapers/Magazines		
Hobbies/Crafts		
Vacations/Trips		
Video Rentals		
Tickets to movies, sporting events, concerts...		
Alcohol		
Cigarettes/Tobacco		
Pop/Candy/Snacks		
Gambling or lottery tickets		
Regular/Planned Savings or Investment		
Other		
Other		
Subtotal, Discretionary		
TOTAL MONTHLY EXPENSES		

Total monthly <i>take home</i> income (ALL sources from page 11 after taxes and any other deductions)		
- Subtract total monthly expenses		
= Total monthly surplus or deficit		