



Counseling Intake Form

Client File # _____

Housing Goal (Check all that apply):

- Buy a home Prevent foreclosure Obtain rental housing Transition from homelessness
- Obtain reverse mortgage Get credit and budget counseling Discuss fair housing issues
- Other: _____

+++++

Name 1 _____
 Address _____ City/State/Zip _____
 Social Security Number _____ Date of birth _____
 Email address: _____ Home/cell phone _____ Other phone _____
 Preferred method of contact: email Home/cell phone Other phone
 Best time to call: _____

Gender: Male Female **Ethnicity:** Hispanic Not Hispanic **Veteran:** Yes No
Disabled: Yes No **Marital status:** Single Married Separated
Race: American Indian/Alaskan Native Asian African-American White
 Native Hawaiian/Pacific Islander Bi- or Multi-racial Other _____ Decline to answer

Number in Household ____ **Languages spoken at home** _____/_____/_____

Name 1: Employment

Employed full-time Employed part-time Employed seasonally Self-employed Disabled
 Retired Unemployed, receiving benefits Unemployed, no benefits
 Other _____
 Employer: _____ Address: _____
 Dates employed (month/year): ____/____ to ____/____ Employer phone: _____

+++++

Name 2 _____
 Address _____ City/State/Zip _____
 Social Security Number _____ Date of birth _____
 Email address _____ Home/cell phone _____ Other phone _____
 Preferred method of contact: email Home/cell phone Other phone
 Best time to call: _____

Gender: Male Female **Ethnicity:** Hispanic Not Hispanic **Veteran:** Yes No
Disabled: Yes No **Marital status:** Single Married Separated
Race: American Indian/Alaskan Native Asian African-American White
 Native Hawaiian/Pacific Islander Bi- or Multi-racial Other _____ Decline to answer

Name 2: Employment

Employed full-time Employed part-time Employed seasonally Self-employed Disabled
 Retired Unemployed, receiving benefits Unemployed, no benefits

Other _____

Employer: _____ Address: _____

Dates employed (month/year): ___/___ to ___/___ Employer phone: _____

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Current Housing Status:

Renting/leasing: no rental assistance__ Getting rental assistance, type: _____

Homeowner: mortgage __ No mortgage__ Living with family Homeless

Living alone Married/partner Single head of household with children

Live with relations (parents, siblings, etc.) Unrelated roommates Other _____

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Renters (check all that apply): Facing eviction Behind on rent Behind on other bills

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Mortgage Holders:

Mortgage company: _____ Phone _____

Loan Number: _____ Don't know

Loan Balance: _____ Don't know

Interest Rate: _____ Fixed Rate Adjustable Rate Don't know

Monthly Payment Amount _____ Mortgage Insurance

First or second mortgage is delinquent Amount past due _____

Applied for mortgage modification or forbearance? If so, what happened? _____

Reason for mortgage problem(s):

Divorce Separation Job loss Decline in income Disability Medical Expenses

Other expenses _____ Other _____

Has reason for mortgage problems ended? Yes No

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Credit History:

Any outstanding judgements against you? Yes No

Have you declared bankruptcy in the past seven years? Yes No

Have you been foreclosed or lost home through deed-in-lieu in past seven years? Yes No

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How did you hear about us? Member of our staff Print/radio Ad Religious or social organization

Friend/family HUD Bank or mortgage broker Internet Other _____

Projected Monthly Budget

Budget will automatically calculate mathematical equations. Please enter projected monthly household expenses.

| HOUSING | | MONTHLY | DONATIONS | | MONTHLY |
|-------------------------------------------------|-----------|---------|--------------------------------------|--|---------|
| First mortgage - principal & interest | | | Tithe | | |
| Second mortgage - principal & interest | | | Charity | | |
| Property taxes | | | EDUCATION | | |
| Homeowners Insurance | | | Tuition & lessons | | |
| Mortgage insurance | | | Books, papers & supplies | | |
| Homeowners association dues | | | Newspapers & magazines | | |
| Rent | | | Other | | |
| other | | | GIFTS | | |
| other | | | Birthdays | | |
| UTILITIES | | | Holidays | | |
| Electric | | | Other | | |
| Gas | | | PERSONAL | | |
| Water/Sewer/Trash | | | Barber & Salon | | |
| Telephone/Cell | | | Toiletries | | |
| Cable/Satellite/Internet | | | Children's allowance | | |
| TRANSPORTATION | | | Tobacco allowance | | |
| Car payment #1 | Balance = | | Beer/wine/liquor | | |
| Car payment #2 | Balance = | | Household | | |
| Gas | | | Other | | |
| Auto Insurance | | | ENTERTAINMENT | | |
| Car Inspection | | | Movies, sporting events, concerts | | |
| Car Repair & Maintenance | | | Video rentals | | |
| License plates & registration fees | | | Online Streaming Services | | |
| Public transportation | | | Gambling & lottery tickets | | |
| Parking & tolls | | | Fitness or socials clubs | | |
| Other | | | Vacation or trips | | |
| FOOD | | | Hobbies or crafts | | |
| Groceries | | | Shopping Membership- Sams, Cosco etc | | |
| Eating out | | | Other | | |
| School lunches | | | MISCELLANEOUS | | |
| Work related (lunches or snacks) | | | Home maintenance & furnishings | | |
| Other | | | Banking fees | | |
| INSURANCE | | | Pet care & supplies | | |
| Health (medical/dental if not payroll deducted) | | | Postage | | |
| Life | | | Storage Shed Rental | | |
| Disability | | | Other | | |
| Other | | | DEBTS | | |
| MEDICAL | | | Student loan(s) Balance = | | |
| Doctor | | | Credit Card #1 Balance = | | |
| Dentist | | | Credit Card #2 Balance = | | |
| Prescriptions | | | Credit Card #3 Balance = | | |
| Chiropractor | | | Credit Card #4 Balance = | | |
| Other | | | Medical bills Balance = | | |
| CHILDCARE | | | Personal loans Balance = | | |
| Childcare or babysitter | | | Other Balance = | | |
| Child support/Alimony | | | Other Balance = | | |
| Other | | | Other Balance = | | |
| CLOTHING | | | OTHER EXPENSES | | |
| Clothing | | | Monthly savings | | |
| Laundry/dry cleaning | | | | | |

| INCOME | | Gross | Net | | |
|-----------------------|------|-------|-----|-------------------------------|--|
| Salary - Homeowner #1 | | | | | |
| Salary - Homeowner #2 | | | | DEDUCTIONS FROM INCOME | |
| Social Security | \$ | | | IRA deduction | |
| Unemployment | \$ | | | 401k deduction | |
| Disability | \$ | | | Other | |
| Child support | \$ - | | | | |
| Alimony | \$ | | | | |
| Other | \$ - | | | | |

| | | | |
|--------------------------|--|---------------------------|------|
| Estimated Property Value | | First Mortgage Balance | |
| | | Second Mortgage Balance | |
| | | Total Mortgage(s) Balance | \$ - |

| FOR OFFICE USE ONLY | |
|--------------------------------------------------------|---------|
| TOTAL GROSS MONTHLY INCOME | \$ - |
| TOTAL NET MONTHLY INCOME | \$ - |
| TOTAL MONTHLY EXPENSES | \$ - |
| DIFFERENCE (Net Income - Expenses) | \$ - |
| Total Loan To Value (LTV) | #DIV/0! |
| First Mortgage LTV | #DIV/0! |
| Total PITI, MI, HOA | \$ - |
| Housing Ratio (Total / Gross Income) | #DIV/0! |
| First Mortgage Housing Ratio | #DIV/0! |
| Housing Expenses + Debt | \$ - |
| Total Debt Ratio (Housing+Debt / Gr. Income) | #DIV/0! |

Disclosure Statement



Neighborhood Housing Services of Southern Nevada, Inc (NHSSN)

1849 Civic Center Drive
North Las Vegas, NV 89030
702-649-0998

About us: NHSSN Housing Counseling Agency is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling. 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.).

NHSSN HCA has affiliations with other industry organizations, including lenders and Realtors. We may refer you to organizations that can provide needed services, such as legal counseling and debt management. **You are under no obligation to use any of the services offered and are free to choose any organization you would like to work with.**

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.

Counselor's Roles and Responsibilities

- Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.
- Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.
- Preparing a household budget that will help you manage your debt, expenses, and savings.
- Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.
- Neither your counselor nor other employees, agents, or directors of NHSSN may provide legal advice.

Client's Roles and Responsibilities

- Completing the steps assigned to you in your Client Action Plan.
- Providing accurate information about your income, debts, expenses, credit, and employment.
- Attending meetings, returning calls, providing requested paperwork in a timely manner.
- Notifying NHSSN or your counselor when changing housing goal.
- Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.
- Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and/or NHSSN HCA with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Initials: ____/____

Agency Conduct: No NHSSN HCA 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.

Agency Relationships: NHSSN HCA has financial affiliations with HUD and NeighborWorks America. As a housing counseling program participant, you are not obligated to use the products and services of NHSSN HCA or our industry partners.

You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, and other HUD housing organizations for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by NHSSN HCA and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of NHSSN HCA’s Privacy Policy.

Initials:
____/____

Errors and Omissions and Disclaimer of Liability: I/we agree NHSSN HCA, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties or related to my participation in NHSSN HCA counseling; and I hereby release and waive all claims of action against NHSSN HCA and its affiliates. 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, NHSSN HCA, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with NHSSN HCA grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to NHSSN HCA’s Program Disclosures.

| | | | |
|----------------------------------|----------------------|------------------------------|---------------|
| _____ Name 1 Signature | _____ Date | _____ Counselor Signature | _____ Date |
| _____ Name 2 Signature | _____ Date | | |

Privacy Policy



Neighborhood Housing Services of Southern Nevada, Inc (NHSSN)

1849 Civic Center Drive
North Las Vegas, NV 89030
702-649-0998

NHSSN Housing Counseling Agency 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does NHSSN HCA collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization.

The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- 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.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to NHSSN HCA employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct NHSSN HCA to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit Smith HCA’s ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the “Opt-Out” clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the “Release” clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that NHSSN HCA make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that NHSSN will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting NHSSN HCA.

| | | |
|------------------|-----------|-------|
| _____ | _____ | _____ |
| Name 1 (Printed) | Signature | Date |
| _____ | _____ | _____ |
| Name 2 (Printed) | Signature | Date |

RELEASE: I hereby authorize NHSSN HCA to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

| | | |
|---------------------------|--------------------|---------------|
| _____ Name 1 (Printed) | _____ Signature | _____ Date |
| _____ Name 2 (Printed) | _____ Signature | _____ Date |

HUD Home Inspection Document

I hereby attest that NHSSNHCA provided a copy of “For Your Protection, Get a Home Inspection” and “Ten Questions to Ask Your Home Inspector” from the Department of Housing and Urban Development.

| | | |
|---------------------------|--------------------|---------------|
| _____ Name 1 (Printed) | _____ Signature | _____ Date |
| _____ Name 2 (Printed) | _____ Signature | _____ Date |



For Your Protection: Get a Home Inspection

You must make a choice on getting a Home Inspection. It is not done automatically.

You have the right to examine carefully your potential new home with a professional home inspector. But a home inspection is not required by law, and will occur only if you ask for one and make the arrangements. You may schedule the inspection for before or after signing your contract. You may be able to negotiate with the seller to make the contract contingent on the results of the inspection. For this reason, it is usually in your best interest to conduct your home inspection as soon as possible if you want one. In a home inspection, a professional home inspector takes an in-depth, unbiased look at your potential new home to:

- ü Evaluate the physical condition: structure, construction, and mechanical systems;
- ü Identify items that need to be repaired and
- ü Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

The Appraisal is NOT a Home Inspection and does not replace an inspection.

An appraisal estimates the market value of the home to protect the lender. An appraisal does not examine or evaluate the condition of the home to protect the homebuyer. An appraisal only makes sure that the home meets FHA and/or your lender's minimum property standards. A home inspection provides much more detail.

FHA and Lenders may not Guarantee the Condition of your Potential New Home

If you find problems with your new home after closing, neither FHA nor your lender may give or lend you money for repairs. Additionally, neither FHA nor your lender may buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Your Home Inspector may test for Radon, Health/Safety, and Energy Efficiency

EPA, HUD and DOE recommend that houses be tested and inspected for radon, health and safety, and energy efficiency, respectively. Specific tests are available to you. You may ask about tests with your home inspector, in addition to the structural and mechanical systems inspection. For more information: Radon -- call 1-800-SOS-Radon; Health and Safety -- see the HUD Healthy Homes Program at www.HUD.gov; Energy Efficiency -- see the DOE EnergyStar Program at www.energystar.gov.

Selecting a Trained Professional Home Inspector

Seek referrals from friends, neighbors, other buyers, realtors, as well as local listings from licensing authorities and local advertisements. In addition, consult the American Society of Home Inspectors (ASHI) on the web at: www.ashi.org or by telephone at: 1-800-743-2744.

I / We (circle one) have read this document and understand that if I/we wish to get a home inspection, it is best do so as soon as possible. The appraisal is not a home inspection. I/we will make a voluntary choice whether to get a home inspection. A home inspection will be done only if I/we ask for one and schedule it. Your lender may not perform a home inspection and neither FHA nor your lender may guarantee the condition of the home. Health and safety tests can be included in the home inspection if I/we choose.

_____/_____/_____
(Signed) Homebuyer Date

_____/_____/_____
(Signed) Homebuyer Date



Ten Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be very qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.

Statement of Counseling Services

Please read the following statement carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

_____ I understand the agency will provide a confidential comprehensive personal housing counseling or foreclosure prevention interview conducted by a Certified Housing Counselor or qualified professional counselor. *Neighborhood Housing Services of Southern Nevada* provides services to residents of Nevada.

_____ I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.

_____ I will be given a written assessment outlining a suggested client action plan which may be based on the following options:

- a) I will handle my financial concerns on my own. (Including but not limited to those seeking mortgage counseling and/or budget counseling).
- b) Counselors cannot provide legal advice. If it is determined I may benefit from legal advice, I may be referred to a non-profit legal service provider for appropriate assistance.
- c) I will be referred to the other services of the organization or another agency or agencies, as appropriate, that may be able to assist with particular problems that have been identified and I understand I may use or reject these referrals.

_____ At some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

Applicant

Counselor

Applicant

Date



Effective 2.14.2013
Revised 2.9.2021



**Client Authorization Form
& Disclosure of Information**

Whereas, the client(s) recognizes that in order for NHSSN to provide its services, creditors of the client(s), as well as other persons, firms or organizations, will request NHSSN to furnish certain information concerning the client's financial condition.

In consideration of, and in furtherance of the services to be provided by NHSSN the client(s) hereby expressly authorizes [agency] to: (1) disclose any information concerning the financial condition and the status of the client(s), including, but not limited to his/her income, monthly expenses, debts, credit, earnings and/or location information to any creditor of the client(s), as NHSSN deems necessary.

The client(s) hereby agrees to hold NHSSN its employees, officers, directors and agents harmless from any claim, suit, action or demand made by any creditors of the client(s) in connection with any services rendered by NHSSN to the client(s).

The client(s) recognizes that NHSSN has no responsibility or obligation for any past, present or future credit rating assigned to the client(s) by any of his/her creditors.

NHSSN agrees that all information in the client(s) file will be otherwise kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act.

This release is effective as of _____, not to exceed 90 days from the date authorization is given for a one-time release of information and not to exceed 30 days after conclusion of ongoing service, as the law or court order may require, or until and unless the client withdraws authorization, which may be done at any time.

Client: _____

Counselor: _____

Client: _____

Agency: NHSSN

Date: _____

NHSSN is a HUD-approved housing counseling agency. We offer the following housing counseling services: default/delinquency, reverse mortgage, loan modification, and an 8 hour pre-purchase education class.

You may request a list of down-payment assistance industry partners. **This list is provided to meet HUD requirements only and in no way represents our endorsement of these companies.**

As a potential HUD housing counseling client, you **are not required** to use any of our other services or the services of our industry partners including our approved lender and realtor lists in order to receive any type of housing counseling or education from NHSSN.

1849 Civic Center Dr.
N. Las Vegas, NV 89030
(P): 702-649-0998 (F): 702-649-0702
www.nwsn.org