



Rockland Housing Action Coalition, Inc.
 120-126 North Main Street, Annex First Floor
 New City, New York 10956
 Tel. (845) 708 5799 Fax (845) 708 5798
 www.rhachomes.org

RHAC, Inc. is certified by the U.S. Department of Housing & Urban Development (HUD) as a Housing Counseling Agency. The purpose of this Application is to meet HUD reporting requirements as well as to evaluate your financial situation. Your information is confidential, for more information please review our Privacy Policy supplied in this package.

Please indicate what type of counseling you are seeking:

_____ Home Purchase _____ Credit _____ Financial

Counseling Supporting Document Checklist

If you have any questions concerning the information requested, please contact us at 845-708-5799.

Please **ONLY** provide copies. Original documents will **NOT** be accepted.

- _____ Attached intake form completed and signed
- _____ Bank Statements; 3 months saving & checking accounts (**all pages including the blank pages**)
- _____ Federal Income Tax Returns (**last 2 years, must be signed & include W-2s. No state returns**)
- _____ Most Recent Paycheck Stubs (**for last 30 days**) must be consecutive, for weekly last 4 pay periods/biweekly last 2 pay periods. If self-employed, please provide YTD profit and loss.
- _____ Evidence of other income received such as child support, social security, etc.
- _____ Divorce Decree (**if applicable**)
- _____ Bankruptcy Documentation (**if applicable**)
- _____ Alimony and Child Support Documentation (**if applicable**)
- _____ A copy of your credit report that is no more than 60 days old or signed credit authorization (**included**) Please be advised that as a consumer you may opt to obtain a free copy of your credit reports by logging onto www.annualcreditreport.com.
- _____ Other: _____

For down payment assistance only: If funds are available, in order to qualify for down payment/closing cost assistance, you must not be over the maximum annual income listed below, which is based on the number of individuals who plan to live in your household

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
\$53,450	\$61,050	\$68,700	\$76,300	\$82,450	\$88,550	\$94,650	\$100,750

(PLEASE NOTE: these figures are subject to change)

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information and services about housing counseling, please speak with agency staff and they will arrange alternative accommodations.

RHAC Housing Counseling Intake Form

Primary Applicant

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____ / _____ / _____
Last 4 of Social Security Number Birth Date

Race (please circle):

1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian 5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native and White 7. Asian and White; 8. Black/African American and White
9. American Indian/Alaskan Native and Black 10. Other (specify) _____

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:) **Hispanic:** Yes No

Immigrant Status (please select one):

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

1. Rent 2. Homeless
3. Homeowner with mortgage 4. Living with family member and not paying rent
5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

1. Female headed single parent household 2. Male headed single parent household 3. Single adult
4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **How many dependents** (other than those listed by any co-borrower)? _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship _____ Age _____ Relationship _____ Age _____

Household Income: \$ _____ (annual)

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

____ - ____ - ____ / ____ / ____
Social Security Number Birth Date

Race (please circle):

- 1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White 7. Asian and White; 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black 10. Other (specify) _____

Ethnicity (please select "yes" or "no" for Hispanic Origin.)

You should select both a "Race" category and a "yes" or "no" for Hispanic origin:) **Hispanic:** Yes No

Immigrant Status (please select one for each applicant if applicable):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents foreign born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender: Male Female

Handicapped Household Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Primary Client (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title Hire Date (Month Date and Year)

Street City State Zip Code

Phone: (____) _____-

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (____) _____- Part-Time or Full-Time (Please Circle)

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____-

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date (Month Date and Year)

Street City State Zip Code

Phone: (____) _____-

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (____)

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____-

Part-Time or Full-Time (Please Circle) Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

CLIENT INCOME*Please Print Clearly*

<i>Type of Income</i>	<i>CLIENT Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

CUSTOMER**CO-APPLICANT**

*Can you document your child support/alimony income?
If yes, how long will it continue?*

Yes No

Yes No

*If your child or a family member receives SSI,
how many more years will the payments continue?*

*If you receive disability income,
is it for a permanent disability?*

Yes No

Yes No

*Regarding other employment, have you worked
in this field for two years or more?*

Yes No

Yes No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities. Both Applicants

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Client, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Please use additional sheets if necessary.

Have your payments been made on time? Yes No

Are you currently in Chapter 13 bankruptcy? Yes No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 bankruptcy? Yes No

If yes, when was it discharged?

LIQUID FUNDS/SAVINGS/INVESTMENTS *Please Print Clearly*

Please list the approximate value of the following:

Checking account			
Savings account			
Cash			
CDs			
Securities (stocks, bonds, etc.)			
Retirement account			
Other Liquid Funds			

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No

If yes, how much? \$ _____

LIVING EXPENSES

Current monthly rent or mortgage			
Electric/Gas/Solid Waste			
Telephone			
Cellular/Pager			
Cable/Satellite TV			
Other Living Expenses			

ADDITIONAL INFORMATION

Have you owned a home in the last three (3) years? Yes No

Are you a Veteran? Yes No

Do you have a contract on a house at this time? Yes No

Are you currently working with a real-estate agent? Yes No

Most convenient time for an individual appointment? _____AM _____PM

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Client

Date

Co-Client

Date

RHAC Privacy Policy

RHAC is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expense, and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization form. All funding sources routinely require compliance monitoring and access to client files. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income

Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transaction and credit card usage

Information we receive from a credit reporting agency, such as your credit history

You may opt-out of certain disclosures:

You have the opportunity to “opt out” of disclosures (direct us not to make those disclosures) of your non-public personal information to third parties such as your creditors.

If you choose to “opt out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 845-708-5799 and do so.

Release of your information to third parties:

So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.

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

Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

ACCEPTED AND AGREED:

By: _____ Date: _____

By: _____ Date: _____

DECLINED/NOT AGREED: *(Signing below will inhibit our ability to speak to your creditors on your behalf)*

By: _____ Date: _____

By: _____ Date: _____

HOUSING COUNSELING SERVICE AUTHORIZATION

The Rockland Housing Action Coalition, Inc. (RHAC) is a 501(c)(3) non-profit housing agency which provides various types of housing counseling. Please review and the following statements. If you agree to the terms and conditions, please sign and date the form at the bottom of this page.

RHAC is here to assist you with referrals and information about your borrowing options and identified housing counseling activities. **We do not give legal advice.**

I am not required to hire a professional that I learned about through RHAC. I am aware that any referral provided by RHAC was given to me only as a courtesy and does not imply any endorsement or obligation.

I have the right to refuse or terminate services from RHAC at any given time.

I understand that RHAC provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.

I understand that RHAC receives funds from entities such as the U.S. Dept. of Housing and Urban Development (HUD), NYS Department of Housing and Community Renewal (NYSHCR), Project Reinvest: Financial Capability, and/or, local governments, foundations, etc. In addition, the agencies and organizations which provide funding to RHAC are often required to monitor our performance in accordance with their funding agreements. This monitoring may require that we release client files, in whole or part for their review. In order to release the client information to these agencies or organizations, we must have a signed Authorization Form from our clients.

I give permission for program administrators/funders and/or their agents to follow up with me between now and three years following the close-out of my counseling file for the purposes of program evaluation.

I understand and give permission for RHAC to:

(a) Submit client-level information to RX Office(RX), HUD Housing Counseling System (HCS) and/or the NeighborWorks America Data Collection System (DCS), (b) allow HUD, NYSHCR, NeighborWorks, and/or Treasury local governments, foundations, etc., or their agents to open files to be reviewed for program monitoring and compliance purposes, and (c) allow the above to conduct follow up with the client related to program evaluation, if they choose to.

I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.

ACCEPTED AND AGREED:

By: _____ Date: _____

By: _____ Date: _____

DECLINED/NOT AGREED: *(Signing below will inhibit our ability to speak to your creditors on your behalf)*

By: _____ Date: _____

By: _____ Date: _____

Credit Report Authorization

Authorization is hereby granted to the Rockland Housing Action Coalition ("RHAC") to obtain a consumer credit report through a credit-reporting agency chosen by the RHAC. I understand and agree that the RHAC intends to use the consumer credit report for the purpose of evaluating my financial readiness to buy a home and or financial counseling I understand and agree that credit reports may be ordered as part of on-going financial counseling even after close of escrow for a period not to exceed one () year from the date of execution.

My signature below authorizes the release to the credit reporting agency of financial information, which I have supplied to the RHAC in connection with such evaluation. Authorization is further granted to the credit-reporting agency to use a Photostat reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

Signature Clause:

I understand that the Housing Counseling Program is relying on this information to prove my household's eligibility for the housing program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have the RHAC verify the information contained in this application for the purposes of proving my eligibility. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my qualifying is contingent on meeting HUD criteria and the RHAC requirements.

All ADULT household members must sign below:

Signature _____
Date

Signature _____
Date

Signature _____
Date

Signature _____
Date



Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

HOUSEHOLD SPENDING PLAN FOR:

_____ (Print Name)

Indicate # of people in household: Adults: _____ Children _____

NET MONTHLY INCOME

NET monthly income _____
 NET monthly income _____
 Other Income _____
Total Income (A) _____

FLEXIBLE EXPENSES

Savings _____
 Groceries _____
 Lunch (work/school) _____
 Eating Out _____
 Entertainment/Hobbies _____
 Laundry/Dry-cleaning _____
 Cleaning Supplies _____
 Clothing _____
 Gasoline/Bus/Taxi _____
 Newspaper/Magazines _____
 Alcohol/Cigarettes _____
 Church/Charity _____
 Tuition/Books _____
 Barber/Beauty Shop _____
 Auto Maintenance _____
 House Maintenance _____
 Doctor/Dentist _____
 Pets _____
 Parking/Tolls _____
 Lottery/Bingo _____
 Other _____
Total (D) _____

FIXED EXPENSES

Rent/Mortgage _____
 Electric _____
 Gas/Oil _____
 Water/Sewer _____
 Telephone (basic) _____
 long distance _____
 cellular/pager _____
 Trash pickup _____
 Cable _____
 Medical Insurance _____
 Auto Insurance _____
 Life Insurance _____
 Renters Insurance _____
 Child Supp/Alimony _____
 Child Care _____
 Other _____
Total (B) _____

ALL MONTHLY EXPENSES

FIXED (B) _____
 CREDITOR (C) _____
 FLEXIBLE (D) _____
TOTAL EXPENSES (E) _____

CREDITOR PAYMENTS

Installment Loan _____
 Installment Loan _____
 Credit Card Payment _____
 Credit Card Payment _____
 Credit Card Payment _____
Total Payments (C) _____

Subtract Expenses from Income (A – E):

TOTAL INCOME (A) _____
 TOTAL EXPENSES (E)- _____
DIFFERENCE + or - _____

Note: Please include all household expenses in monthly amounts. For items that are not paid monthly, please calculate the monthly amount.

Applicant Signature _____ Date: _____

Applicant Signature _____ Date: _____

