



NEIGHBORHOOD HOUSE INC
1218 B Street, Wilmington, DE 19801 - (302) 658-5404
www.neighborhoodhse.org

Dear Potential Home Buyer,

PLEASE READ COMPLETELY

Congratulations for taking that exciting first step and contacting us about your desire to become a homeowner. We understand how exciting that can be and promise to work as hard as you do to assist you in reaching your goal of homeownership.

There are three steps that you need to start the process:

Step #1 - You will need to enroll/register in the following homebuyer education class at www.ehomeamerica.org/nhse the fee is \$125.00. Once you register and take the class and pass you need to contact our office for a counseling appointment. I will be able to see that you pass the exam and give you a certificate, you are ready for the next step.

Step #2 - The Intake application package has many forms for you to fill out completely, there are documents you will need to collect and copy. We only ask for the information that is necessary. Please know that all your information will be held confidential. Use the document checklist attached to these forms. Forward these forms to us as soon as possible and before an appointment can be scheduled.

Step #3 - Call us-your appointment will last for 1 hour. (The session could possibly be a ZOOM meeting in light of Covid-19 restrictions.) Please arrive on time, as we are a comprehensive counseling agency offering Pre-Purchase, Credit, Financial Education and Foreclosure Prevention Program the demand for our services is high. We often have appointments back to back. If you arrive late, we may reschedule your appointment.

Feel free to drop off or email the intake packet to smartinez@neighborhoodhse.org with required documentation to us before your appointment.

Call Ms. Martinez at (302) 658-5404 to schedule your appointment as soon as possible.

Your appointment will be with Mr. John Reed- Housing Director/HUD Certified counselor.

Documentation needed:

- Proof of www.ehomeamerica.org/nhse
- 30 days of pay stubs, all household income
- 2 months of current Checking/ Savings account statements - all pages
- 3 months of current Profit/Loss statement - all pages
- Last 2 years of tax refund and W2 - all schedules and sign and date the forms
- Proof of valid Driver's License/State Identification Card, or Passport.



NEIGHBORHOOD HOUSE, INC.
HOUSING DEPARTMENT
1218 B Street, Wilmington, DE 19801
(302) 658-5404

John Reed- Housing Director

jreed@neighborhoodhse.org

THIRD PARTY AUTHORIZATION & AGREEMENT TO RELEASE

Date: _____

Borrowers Name: _____

Property Address: _____

Mortgage Account Number: _____ Mortgage/Service Name: _____

I/we do hereby authorize (my lender / mortgage servicer, Attorney) to release or otherwise provide information to my Housing Counselor of Neighborhood House Inc. Phone Number 302-658-5404, fax number: 302-652-3983.

I/we, the borrower(s) understand the lender/mortgage servicer/Attorney will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability.

Information/Documentation needed:

- Counselors and Lender may discuss my request for modification options
- Counselor and lender may discuss my financials and mortgage information
- HUD 1/Closing Disclosure
- Approved or denied modification forms
- Mortgage commitment letter

I acknowledge that all consent in this Authorization and Release is voluntary and valid until the earlier of **one (1) year** from the date shown below or my revocation of the consent by a subsequent signed document. I understand by revoking this consent, I cannot undo any action taken by Counseling Agency based upon this consent.

I/we the borrower(s) agree to this Authorization and the terms of the Release as stated above, all the borrower(s) have signed and dated below.

Printed Borrower Name _____ Signature _____ Last 4 SSN _____

Printed Co-Borrower Name _____ Signature _____ Last 4 SSN _____

Counselor Signature _____ Date: _____



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CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Neighborhood House Inc. to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Neighborhood House Inc.

I understand and agree that Neighborhood House Inc. intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Neighborhood House Inc. in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

_____ authorize
_____ do not authorize

Neighborhood House Inc. to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including observed information noted as required by law or to fulfill other requirements and any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Neighborhood House Inc. in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date



Neighborhood House, Inc. - Housing Department
Client/Counselor Agreement

Neighborhood House, Inc. (NHI) and its counselors agree to provide the following services:

1. Confidentiality, honesty, respect and professionalism in all services.
2. Timely completion of promised action.
3. Presentation and explanation of reasonable options available to the client based on an analysis of the client's financial situation.
4. Assistance in submitting a loss mitigation package to the mortgage company or its representative(s). *(This pertains to Foreclosure Intervention/Prevention Counseling)*
5. Guidance in developing a realistic spending plan, based on the client's decisions and choices in spending.
6. Referrals to resources as discussed.

I/We, (Client) agree to the following terms of service:

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will respond to any phone calls or emails from my/our counselor within 24 hours of delivery of call or email.
3. I/we will provide all necessary documentation and follow-up information within the timeframe requested to the counselor and our mortgage company (Foreclosure Intervention/Prevention)
4. I/We will be on time for appointments and understand that if I/we are late for an appointment, the appointment will/may be rescheduled.
5. V/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
6. I/We will contact the counselor about any changes in our situation immediately.
7. I/We will contact the counselor when the mortgage company contacts us with questions or loss mitigation offers, such as trial period plan or modification. (Foreclosure Intervention/Prevention Counseling).

Neighborhood House Inc. employs persons who are qualified to provide the services rendered. To that end, all Neighborhood House Inc. housing counselors are required to be certified. New counselors employed by Neighborhood House Inc. have one year to acquire such certification, which can be obtained through the Association of Housing Counselors, the National Federation of Housing Counselors or Neighbor Works.

Client's Signature

Date

Counselor Signature

Date

1218 B Street, Wilmington, DE 19801 - 302-658-5404
219 W. Green Street, Middletown, DE 19709 - 302-378-7217



Neighborhood House Inc
1218 B Street, Wilmington, DE 19801 - (302) 658-5404

www.neighborhoodhse.org

Housing Department Disclosure Statement and Agreement

DISCLAIMER: The purpose of the assistance, including counseling, workshops and/or online training, provided by NHI is for education and counseling regarding a mortgage loan or credit rebuilding. The written action plan will have recommendations for handling my finances. However, I am not required to act on them, nor will NHI act on them without my permission. If NHI does not offer services I need I might be referred to other agencies but not to specific agencies. However, I am not obligated to use any of those services or any loan program that I may qualify for. NHI provides information regarding foreclose and bankruptcy but offers no legal advice. For legal advice I need to consult with an attorney. NHI does not have the authority to approve or deny anything regarding a mortgage loan and is not an agent for the lender. I have the right to submit an application to my lender even if NHI believes I may not qualify. The completion of NHI counseling and educational opportunities and referrals do not constitute a commitment on the part of Hi or a particular lender to offer me a workout solution. Any such commitment should be in writing.

COMPLETENESS OF APPLICATION: It is my responsibility to provide all required information and documentation if I decide to work with a counselor from NHI.

CREDIT BUREAU AUTHORIZATION: I hereby authorize CoreLogic Credo, LLC (CREDCO) to obtain my consumer report/credit information and scores from the three national credit repositories (Equifax, Experian, Trans Unions) and provide a copy to my housing counselor.

CLIENT CONTRACT: I agree to provide honest and complete information to NHI both verbally and in writing, timely provide all the necessary documents, be on time for appointments.

PRIVACY POLICY: NHI is committed to protecting your privacy. We realize your concerns are highly personal in nature. We treat this information in accordance with all legal and ethical guidelines. We may use your anonymous aggregated case file information for evaluation of our services, to gather valuable research, and to design future programs. We will share the data only to Federal, State and/ or Local government for purposes of program management, compliance monitoring and program evaluation. You may opt-out of counseling at any time by informing the counselor.

AUTHORIZATION: Please be advised that you are not obligated to receive or utilize any other services offered by NHI, or its exclusive partners, in order to receive housing counseling. We will not disclose any personal information without proper authorization of the participant. NHI strongly believes in promoting housing choice. NHI does not endorse any realtors or lender.

DISCLOSURE STATEMENT: In addition to homeownership counseling, provides the following services: financial, foreclosure prevention and rental counseling and credit counseling.

Client Signature _____

Client Printed Name _____

Date _____

Household monthly budget

Please complete this form with your budget information so you can review your financial situation with your housing counselor or mortgage loan servicer. Be sure to have it with you when you speak with them.

A. Household expenses

Fixed monthly expenses	Payment
Mortgage	
Second mortgage	
Gas and electric	
Heating oil	
Water and sewer	
Telephone	
Car payment one	
Car payment two	
Auto insurance	
Life insurance	
Medical insurance	
Alimony/child support	
Alarm system	
Property taxes/insurance	
Other/Minimum credit card payment	
Subtotal, FIXED expenses	

Variable monthly expenses	Payment
Groceries	
Eating out	
Gas	
Bus/taxi/parking	
Car repair	
Toiletries/hair care	
Medical/prescriptions	
Day care	
Cable TV	
Clothing/laundry	
Lottery	
Church/charity	
Entertainment	
Cell phone	
Other	
Subtotal, VARIABLE expenses	

Add Fixed and Variable expenses to get TOTAL MONTHLY EXPENSES	
--	--

B. Your monthly income

Before taxes	After taxes

Spouse or partner's income:

Before taxes	After taxes

Other household income:

Before taxes	After taxes

C. Credit card and other debts:

Creditor name	Min. payment	Balance

D. Surplus/deficit:

Total net monthly household income	
Subtract total monthly expenses	
= Monthly surplus or deficit	



**NEIGHBORHOOD HOUSE, INC.
CLIENT INTAKE FORM**

DEMOGRAPHIC INFORMATION

CLIENT

First **Middle** **Last**

Street Address **City/State/Zip Code**

____ yr(s) Lived Here

() ____ - ____ () ____ - ____
Home Phone **Work Phone**

() ____ - ____ _____
Cell Phone **Email Address**

SSN #: ____ - ____ - ____ **DOB** ____ / ____ / ____

CO-CLIENT

First **Middle** **Last**

Street Address **City/State/Zip Code**

____ yr(s) Lived Here

() ____ - ____ () ____ - ____
Home Phone **Work Phone**

() ____ - ____ _____
Cell Phone **Email Address**

SSN #: ____ - ____ - ____ **DOB** ____ / ____ / ____

CIRCLE MOST ACCURATE CHOICES

Gender: Male or Female

Handicapped: Yes or No **Veteran:** Yes or No

Citizenship: US Citizen Perm Resident Alien Non-Resident Alien

Marital Status: Single Married Divorced Separated Widowed

Hispanic/Latino Ethnicity: Yes or No

Race: (1) African American/Black (2) American Indian/Alaskan Native (3) Asian (4) Native Hawaiian/Other Pacific Islander (5) White

Multi- Race: (1) African American/Black & White
 (2) American Indian/Alaskan Native & White
 (3) Asian & White (4) Other Multiple Race

Household Type: Married w/ children Married w/o children Other
 Female single parent Male single parent
 Single adult 2 or more unrelated adults

Total Family Size: ____ **Number of dependents:** ____

Age/Gender of dependents: ____, ____, ____, ____, ____

Are there non-dependents that will be living in the home?
 Yes or No

Highest Level of Education:

CIRCLE MOST ACCURATE CHOICES

Gender: Male or Female

Handicapped: Yes or No **Veteran:** Yes or No

Citizenship: US Citizen Perm Resident Alien Non-Resident Alien

Marital Status: Single Married Divorced Separated Widowed

Hispanic/Latino Ethnicity: Yes or No

Race: (1) African American/Black (2) American Indian/Alaskan Native (3) Asian (4) Native Hawaiian/Other Pacific Islander (5) White

Multi- Race: (1) African American/Black & White
 (2) American Indian/Alaskan Native & White
 (3) Asian & White (4) Other Multiple Race

Household Type: Married w/ children Married w/o children Other
 Female single parent Male single parent
 Single adult 2 or more unrelated adults

Total Family Size: ____ **Number of dependents:** ____

Ages of dependents: ____, ____, ____, ____, ____

Are there non-dependents that will be living in the home?
 Yes or No

Highest Level of Education:

EMPLOYMENT**CLIENT****CO-CLIENT**

Current Employer _____ () _____ - Phone _____

Street Address _____

Hire Date ____/____/____

 _____ Status: PT or FT
 Title/Position _____

 I am paid: Hourly Weekly
 Yearly Income: \$ _____ Bi-weekly Bi-monthly

 Other Source of Income: _____
 \$ _____/mo

Current Employer _____ () _____ - Phone _____

Street Address _____

Hire Date ____/____/____

 _____ Status: PT or FT
 Title/Position _____

 I am paid: Hourly Weekly
 Yearly Income: \$ _____ Bi-weekly Bi-monthly

 Other Source of Income: _____
 \$ _____/mo
AUTHORIZATION/DISCLOSURE**Agency fees and Disclosures**

If applicable, I acknowledge that a fee of **\$25/per person** may be assessed to me/us to cover the cost of pulling a tri-merge credit report. **This disclosure pertains to Credit Clients Only.**

I understand and agree to pay Neighborhood House, Inc. a **\$125 Non-Refundable Fee** for Pre-purchase counseling.

I authorize the Neighborhood House Inc.- Housing Counseling Agency to:

- (a) Pull my/our credit report to review my/our credit file for housing counseling
- (b) Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) Obtain a copy of the Closing Estimate, appraisal, sales Agreement, when I purchase a home.

Neighborhood House Inc. employs persons who are qualified to provide the services rendered. To that end, all Neighborhood House Inc. housing counselors are required to be HUD certified. New counselors employed by Neighborhood House Inc. have one month to acquire such certification, which can be obtained through Neighbor Works or HUD exchange.

Client's signature: _____ **Date:** _____

Print Name here: _____

Client's signature: _____ **Date:** _____

Print Name here: _____

What is your counseling goal? _____

Lender/Landlord _____

Reason for delinquency: _____

Neighborhood House, Inc. does not discriminate on the basis of race, color, national origin, sex, religion, disability, political beliefs, sexual orientation or marital/familial status. Neighborhood House Inc. has adopted the National Industry Standards Code of Ethics and Conduct by all Counselors and educators and adhered to their daily business operations.

For Your Protection: Get a Home Inspection

Name of Buyer _____
Property Address _____

What the FHA Does for Buyers... and What We Don't Do

What we do: FHA helps people become homeowners by insuring mortgages for lenders. This allows lenders to offer mortgages to first-time buyers and others who may not qualify for conventional loans. Because the FHA insures the loan for the lender, the buyer pays only a very low down-payment.

What we don't do: FHA does not guarantee the value or condition of your potential new home. If you find problems with your new home after closing, we can not give or lend you money for repairs, and we can not buy the home back from you.

That's why it's so important for you, the buyer, to get an independent home inspection. Before you sign a contract, ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Appraisals and Home Inspections are Different

As part of our job insuring the loan, we require that the lender conduct an FHA appraisal. An appraisal is different from a home inspection. Appraisals are for lenders; home inspections are for buyers. The lender does an appraisal for three reasons:

- to estimate the value of a house
- to make sure that the house meets FHA minimum property standards
- to make sure that the house is marketable

Appraisals are not home inspections.

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information than an appraisal—information you need to make a wise decision. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- evaluate the physical condition: structure, construction, and mechanical systems
- identify items that need to be repaired or replaced
- estimate the remaining useful life of the major systems, equipment, structure, and finishes

What Goes into a Home Inspection

A home inspection gives the buyer an impartial, physical evaluation of the overall condition of the home and items that need to be repaired or replaced. The inspection gives a detailed report on the condition of the structural components, exterior, roofing, plumbing, electrical, heating, insulation and ventilation, air conditioning, and interiors.

Be an Informed Buyer

It is your responsibility to be an informed buyer. Be sure that what you buy is satisfactory in every respect. You have the right to carefully examine your potential new home with a qualified home inspector. You may arrange to do so before signing your contract, or may do so after signing the contract as long as your contract states that the sale of the home depends on the inspection.

I understand the importance of getting an independent home inspection. I have thought about this before I signed a contract with the seller for a home.

X _____
Signature & Date

X _____
Signature & Date

City of Wilmington Annual Household Income Certification

Name: _____
(Head of Household)

Total # People in Household _____

Address: _____

Wilmington, DE

Rent Own For rentals only: # Bedrooms _____ Rent \$ _____

Race (check all that apply)

- Black/African American
- White
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other

Ethnicity (check only one)

- Hispanic
- Not Hispanic

Household Type (check all that apply)

- Single person, non-elderly
- Elderly (62+)
- Single parent (children <18)
- Disabled

INCOME *Include following sources of income for all persons in household*

- ❖ Gross Annual Salary and Wages _____
- ❖ Annual Pension/Benefits _____
- ❖ SSI/Social Security _____
- ❖ Welfare (?) _____
- First \$480 of income for students 17 years or younger _____

TOTAL INCOME \$ _____

ASSETS *Include the following assets for all persons in household*

- ❖ House (other than address above) _____
- ❖ Car (not paying for) _____
- ❖ Savings Account Balance _____
- ❖ Checking Account Balance _____
- ❖ Stocks, Bonds, Annuities _____
- ❖ Other Assets (?) _____

TOTAL ASSETS \$ _____

CERTIFICATION: *I certify that the information on this form is accurate and that the City of Wilmington has the right to verify it at any time.*

Signature

Date

FOR OFFICE USE ONLY

Total Income Calculation: Income Asset _____
Value* Total _____
Income _____

*Asset Value is \$0 if < \$5,000
If assets above > \$5,000 multiply by

Income Eligibility (compare Total to guidelines by HH Size) <30% 30-50% ,50% - 80% Not Eligible

Affordable Rent (compare to FMR for Bedroom Size) Affordable Not Affordable ,Not Applicable (own)

For CAPER: Race B W A I HP Multiple: _____
Hispanic Not Hispanic Single Non-Elderly Elderly Single Parent Disabled

RACE/ETHNICITY/INCOME CERTIFICATION

As a federally-funded agency, the Office of Management and Budget (OMB) requires the collection of the following data on race, ethnicity and income for statistical purposes, program administrative reporting and civil rights compliance reporting. OMB-defined ethnic and race categories are as follows:

Ethnicity: (select only one)

- Hispanic or Latino
- Not Hispanic or Latino

Provide following information regarding the client receiving the service.

(Of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race: (select one or more)

- White A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black/African American A person having origins in any of the black racial groups of Africa.
- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or other Indian subcontinent.
- American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- American Indian/Alaskan Native & White A person having these multiple heritages as defined above.
- Asian & White A person having these multiple heritages as defined above.
- Black/African American & White A person having these multiple heritages as defined above.
- American Indian/Alaskan Native & Black/African American A person having these multiple heritages as defined above.
- Other Multi Racial Your race is not included in any of the other categories listed above.

If client is a minor child, provide name : _____

The following information should be completed regarding Head of Household or Guardian only:

Check applicable category below:

- Single/Non-Elderly Elderly (Age 62 or older)
- Related/Single Parent (Dependent child 18 yrs. or younger)
- Related/Two Parent (Dependent child 18 yrs. or younger)
- Other (Any household not included in above 4 definitions)

The information you provide is confidential and kept on file at this agency for Federal reporting only.

Total Number in Household: _____ **Total Household Annual Income: \$** _____

Printed Name: _____

Head of Household or Guardian

Signature: _____

Date: _____

Address: _____

For Office Use Only:

0 - 30 % median 31 - 50% media 51 - 80% median over 80% median

Date of Income Guidelines: _____ **Type: Sec. 8** **HOME**



NEW CASTLE COUNTY BENEFICIARY INFORMATION
SELF-CERTIFICATION OF INCOME, RACE, AND ETHNICITY

For CDBG Programs Requiring Information on Income by Family Size

List family members for non-housing programs, household members for housing programs.

This self-certification for income purposes should be used as a last resort only. Applicants should provide proof of income in accordance with New Castle County's three acceptable forms of income first (Part 5 Annual Income, Census Long Form Annual Income or IRS Form 1040). Head of Household must complete this entire form.

LISTING OF FAMILY/HOUSEHOLD MEMBERS -- *For each member over the age of 18, attach income documentation or a notarized letter certifying zero income.

Form with fields for NUMBER OF FAMILY/HOUSEHOLD MEMBERS, * ANNUAL FAMILY/HOUSEHOLD INCOME, and NAME/Check if over 18 for multiple members.

RACE AND ETHNICITY

This information contained herein is CONFIDENTIAL and will be used only for the purpose as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes.

Applicant:

- Sex: Female Male
Ethnicity: (Select only one) This is a HUD requirement
Race: (Select one) This is a HUD requirement

Address:

Agency: Remember to perform parcel search of address. www.nccode.org/parcelview

Female Head of Household: Yes No
Handicapped Status: Yes No

(Handicapped households are those headed by a person who is handicapped. Also included are handicapped persons who are members of non-handicapped households.

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud.

Signature of Applicant Printed Name of Applicant Date

For Office Use Only:

0% - <30% of median 31% - <50% of median 51% - <80% of median Over 80% of median
Date of Income Guidelines Used