



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

# Home Purchase Intake Application

CLIENT NON-COMMITMENT FORM for HOMEBUYER EDUCATION and COUSELING SERVICES. YOU DO NOT HAVE TO USE OTHER SERVICES PROVIDED BY COMMUNITY SERVICES OF NEVADA (CSNV), ITS PARTNERS, OR BUSINESS ASSOCIATED WITH CSNV TO RECEIVE HOUSING COUNSELING SERVICES OR HOMEBUYER EDUCATION SERVICES. IN ADDITION, NOTE THAT ANY FEES COLLECTED FOR THIS CLASS PAID TO HOME TODAY ARE NOT DISTRIBUTED TO CSNV.

<b>Class Quality Control:</b>	
Client:	_____
Case:	_____
HUD#:	_____
<b>Counseling Quality Control:</b>	
Client:	_____
Case:	_____
HUD#:	_____



### NON-PROFIT FORM

If you have been working with any of the non-profit agencies listed below for the past 18 months, you must **STOP NOW** and continue counseling services with your current housing counseling agency. If you **HAVE NOT** been with any of the non-profit agencies listed, check the following box and proceed to fill out application:

**I HAVE NOT** been working with any of the non-profit agencies listed below during the last 12 months.

- Legal Representation (attorney)
- FGC-Financial Guidance Center
- Home Ownership Preservation Foundation (HOPE)
- Home Today
- Nevada Legal Aid Center
- Housing Authority
- Neighborhood Assistance Co. (NACA)
- Nevada Legal Services (NLS)
- Neighborhood Housing Services (NHSSN)
- Nova Debt
- Springboard
- Nevada Fair Housing Services (NFN)
- Chicanos Por La Causa (CPLC)
- Women's Development Center (WDC)
- Other: \_\_\_\_\_

**1. NOTE:** if at any time client becomes disrespectful, counseling or any other service will be terminated.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Client information:

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Additional phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

### ***Third Party Authorization***

If I continue to work with CSNV for housing counseling services

I/We, \_\_\_\_\_ authorize CSNV/Home Today to:

- (A) Pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase a property and pre-purchase assessment. I also understand that all information provided will be kept confidential.
- (B) Obtain a copy of the Loan estimate, Closing Disclosure, Appraisal, Real Estate Contract, note(s), and all other documents pertaining to the real estate transaction from the lender, realtor, title company, and all the other parties involved in the transaction.

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 Cod, Section 1001.

#### **NOTE FOR CREDIT REPORT:**

This disclosure packet is the property of Community Services of Nevada (CSNV) and under no circumstances may be reproduced or published by the recipient or any other third party for any reason including but not limited to cash transactions for any services rendered or any other purpose. In addition, Community Services of Nevada and its board of directors will be held harmless from and all claim, actions, damages, liabilities, losses, and expenses, including but not limited to reasonable attorney's fees, resulting from third party's violation of this disclaimer.

1. I/We understand that CSNV provides financial capability counseling/coaching after which I/We will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that CSNV submits client-level information relating to the Project Reinvest Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and follow-up with clients related to program evaluations.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial capabilities program administrators and/or their agents to follow-up with me within the next three years for purpose of program evaluation.
5. I acknowledge that I have received a copy of CSNV's Privacy Policy.
6. I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist within concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. A counselor may answer questions and provide information, but no give legal advice. If I want legal advice, will be referred for appropriate assistance.
- 8.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Total number of applicants** (please circle one) 1      2      3      4  
 If more than one applicant I am:                      Primary Applicant                      Co-Applicant

If you are the co-applicant: Who is the primary applicant? \_\_\_\_\_

**Referral Source (please circle one):**

Agency              Social Media              CSNV Website              Elected Official  
 Media (TV, Radio, Etc.)              CSNV Board Member              Non-Profit: \_\_\_\_\_  
 Nevada Attorney General/Home Again Program              Real Estate Agent  
 Friend              Loan Officer: \_\_\_\_\_              Other: \_\_\_\_\_

**Demographics (Please Circle One):**

**Race:**              White              Afro-American              Asian              Native Hawaiian/Pacific Islander

**Hispanic Ethnicity:**              Yes              No

**Household size?** \_\_\_\_\_              **Do you live in a rural area?**              Yes      No

**Gender:**              Male              Female              **Are you head of household?**              Yes      No

**Disabled?**      Yes      No

**Education:**      Below High School              High School Diploma/GED              Two-year college

Bachelor's Degree              Master's Degree              Above Masters              Out of US

**Marital Status:**      Single              Married              Common Law  
    Legally Separated              Divorced              Widowed

**Military Service:**      Veteran              Active Military              N/A

**Have you owned a home within the last three years?**      Yes              No

**Provide a list of dependents that appear on your Tax Returns:**

Relationship	Age

# Employment:

1099/Self Employed? Yes No

Employer: \_\_\_\_\_ Business type: \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date: \_\_\_\_\_

Years in profession: \_\_\_\_\_

Monthly Gross income: (before tax deductions) \$ \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Please circle one: -Full Time Part Time (Hours per week): \_\_\_\_\_

You are paid (circle one): Weekly Bi-weekly Twice a month Monthly N/A

<b>Additional Income</b>	<input type="checkbox"/> <b>Check box if it does not apply</b>
Alimony/Child Support	
Rental Income	
Social Security/Dependent SSI Income	
Pension Income	
Public Assistance	
Disability Income	
Unemployment	
Other:	

<b>Liquid Assets</b>	<input type="checkbox"/> <b>Check box if it does not apply</b>
Checking/Savings accounts	
Cash on hand	
Retirement Accounts (If using for home purchase)	
Other: _____	

Do you consent to release photo/Video if any is taken for use of website and social media? Yes \_\_\_\_ No \_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Monthly Spending Plan Worksheet

Fixed Expenses	Budget Amount	Counselor Verification
Auto Insurance		
Auto Loan payment		
Auto Registration/Main annual: \$ _____ /12=		
Gasoline		
Child support/Alimony		
Credit Card combined min payment		
IRS or other taxes		
Tuition/Books/School Supplies		
Entertainment		
Dinning/Eating out		
Food/Groceries		
1 <sup>st</sup> mortgage		
2 <sup>nd</sup> mortgage		
Other mortgages		
HOA		
Home equity line		
Homeowners/Renters Insurance		
Property Tax (if not included in mortgage payment)		
Lawn Care		
Rent		
Payday loan payment		
Personal loan payment		
Student loan payment		
Health care/dental/vision		
Accident and disability		
Health insurance		
Life insurance		
Medical		
Dentist		
Doctor visit/Co-pay		
Vision/Glasses/Contacts		
Medical Bills		
Medications		
Other descriptions		
Contribution		

<b>Fixed Expenses (cont.)</b>	<b>Budget Amount</b>	<b>Counselor Verification</b>
College Fund		
Sewer \$_____ / _____ months =		
Internet		
Cable tv		
Cell phone		
Electricity average payment		
Trash services \$_____ / _____ months=		
Heating		
Water/Sewer \$_____ / _____ months=		
Church Donations		
Other Gift/Donations/birthdate		
Alcoholic Beverages		
Allowance for children		
Barber/Beauty shop		
Child care		
Tobacco		
Clothing		
Gym membership		
Personal items/toiletries		
Laundry/Cleaning		
Repairs/maintenance		
Movie Rental/Netflix/Hulu		
Union Dues		
Pest control		
Security System		
Vacations		
Other		
Pet Expenses		

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Questionnaire

## 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"/>
Where is your credit score? (circle one)	Don't Know	Below 600	601-640	640-700	701+

## 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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_