



Community Services of Nevada
730 West Cheyenne Ave Suite #10 North Las Vegas NV 89030
Phone: (702)307-1710*Fax (702)307-1712* Email: gettthefacts@csnv.com

Solicitud de Consejería para Compradores de Casa

ZONA DE PELIGRO

1. Revise la lista de documentos incluida en la solicitud antes de programar su cita de consejería.
2. Si usted no provee los documentos requeridos para hacer una cita, su caso no será evaluado.
3. Lea las instrucciones antes de hacer su cita de consejería, favor de enviar los documentos al siguiente correo electrónico: clizarraga@csnv.org.
4. La solicitud debe ser completada por todos los solicitantes firmada y con fecha.
5. Si llega tarde, cancela o pierde su cita; usted será puesto en lista de espera después de que los documentos hayan sido recibidos.
6. Todas las declaraciones de impuestos deben estar firmadas. Favor de proveer todas las páginas de la declaración de impuestos, incluyendo todos los apéndices (si aplica), W'2s y/o 1099.
7. Cualquier otra cuenta reflejada en su estado de cuenta bancario que no pertenezca a usted, necesita carta de explicación detallada.
8. Todas las cartas de explicación y páginas que requieren firma, deben estar firmadas y con fecha. Si usted está aplicando para el programa de asistencia WISH, las cartas de explicación deben ser notariadas.
9. Si usted recibe pensión alimenticia (*Child Support*) favor de proveer documentos de la corte que establezca el ingreso mensual.
10. No mande los documentos en formato de foto CSNV no aceptara documentos en formato de foto.
11. Enviar documentos vía correo electrónico, fax, USPS(correo terrestre) o en persona.
12. Citas pueden tener una duración de 2 ½ horas. Sesión incluye cita de revisión de documentos y cita de consejería.

Si tiene preguntas llame al número.
Telefono:(702)307-1710*Fax:(702)307-1712

Todo Correo electrónico debe ser enviada a: clizarraga@csnv.org

Lista de Documentos

Instrucciones: Complete la Aplicación, las preguntas que no apliquen a su situación escriba N/A – (no aplica). Toda corrección en la aplicación; por favor asegúrese de escribir sus iniciales al lado de la corrección.

Cliente	<i>Completa la aplicación.</i>	Ofic				
	<i>Copia de su ID y su tarjeta de seguro social o ITIN</i>					
	<i>Estado de cuenta de Banco de Cheques y Ahorros</i>	<i>3 Meses</i>				
	<i>*Si está aplicando para WISH, el primer cheque del año y prueba de todo el ingreso de los últimos 2 meses de todos los adultos que viven en el hogar. *Si trabajo por cuenta propia-Estado de ganancias vs pérdidas al día de hoy.</i>	<i>2 Meses</i>				
	<i>Todas las páginas de Declaración de Impuestos con W2 y 1099, si aplica. *Personas mayores de 18 años si está aplicando para WISH/IDEA programa.</i>	<i>2013 & 2014</i>				
	<i>Transcripción de salario e ingreso (W'2s). 1-800-829-1040/www.irs.gov *Personas mayores de 18 años si está aplicando para WISH/IDEA programa.</i>	<i>2013 & 2014</i>				
	<i>Cuenta de transcripciones de todos los miembros de la vivienda. 1-800-829-1040 / www.irs.gov *Personas mayores de 18 años si está aplicando para WISH/IDEA programa.</i>	<i>2013 & 2014</i>				
	<i>Transcripción de impuestos sobre el ingreso de todos los miembros de la vivienda. 1-800-829-1040 / www.irs.gov *Personas mayores de 18 años si está aplicando para WISH/IDEA programa.</i>	<i>2013 & 2014</i>				
	<i>Para menores de edad prueba de residencia: certificado de nacimiento o registro escolar. SOLO para solicitantes asistencia WISH.</i>					
	<i>Copia de estado de cuenta mensual de utilidades, tarjetas de crédito, préstamos de auto, préstamos personales.</i>					
	<i>Decreto de divorcio o acuerdo de separación dentro de los últimos 7 años.</i>					
	<i>Documentación de apoyo si recibe Pensión alimenticia o infantil (responsabilidad que se utiliza como ingreso).</i>					
	<i>Documentos de Bancarrota (Capitulo 7/13).</i>					
	<i>Copia del reporte de crédito Tri-Merge dentro de los últimos 3 meses. *Tarifa para obtener reporte de crédito:\$20</i>					
	<i>Contrato de Renta.</i>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"> Bancarrota Capitulo 7/13 en los últimos 7 años. SI NO Date: _____ </td> <td style="width: 25%; padding: 5px;"> Short Sale en los últimos 3 años. SI NO Date: _____ </td> <td style="width: 25%; padding: 5px;"> Died in Liu en los últimos 4 años. SI NO Date: _____ </td> <td style="width: 25%; padding: 5px;"> Regular Foreclosure en los últimos 4 years. SI NO Date: _____ </td> </tr> </table>			Bancarrota Capitulo 7/13 en los últimos 7 años. SI NO Date: _____	Short Sale en los últimos 3 años. SI NO Date: _____	Died in Liu en los últimos 4 años. SI NO Date: _____	Regular Foreclosure en los últimos 4 years. SI NO Date: _____
Bancarrota Capitulo 7/13 en los últimos 7 años. SI NO Date: _____	Short Sale en los últimos 3 años. SI NO Date: _____	Died in Liu en los últimos 4 años. SI NO Date: _____	Regular Foreclosure en los últimos 4 years. SI NO Date: _____			
Solicitante Primario/Nombre : _____ Fecha: _____						
Solicitante Primario/Firma: _____ Fecha _____						

CLIENT NON-COMMITMENT FORM

FIRST TIME HOME BUYER EDUCATION

FORECLOSURE INTERVENTION WORKSHOP

YOU DO NOT HAVE TO USE OTHER SERVICES PROVIDED BY COMMUNITY SERVICES OF NEVADA (CSNV) OR ITS PARTNERS OR BUSINESSES ASSOCIATED IN ORDER TO RECEIVE HOUSING COUNSELING SERVICES OR HOMEBUYER EDUCATION.



Non-Profit Form

1. Si usted ha estado trabajando con alguna de las siguientes organizaciones no lucrativas en los últimos 18 meses. Favor de continuar con la agencia que está llevando su trámite al momento. Si usted no tiene ningún trámite con alguna de estas agencias no lucrativas, proceda a completar la aplicación de CSNV.

- Representación Legal de un abogado
- FGC – Financial Guidance Center
- Home Ownership Preservation Foundation (HOPE)
- Housing for Nevada (HFN)
- Nevada Legal Aid Center
- Housing Authority
- HUD – Department of Housing and Urban Development
- Neighborhood Assistance Cor. (NACA)
- Nevada Legal Services (NLS)
- Neighborhood Housing Services (NHSSN)
- Nova debt
- Springboard
- Nevada Fair Housing Services (NFN)
- CPLC – Chicanos por la Causa
- Women’s Development Center (WDC)
- Other _____
- En los ultimos 18 meses no he estado trabajando con ninguna de las agencias enlistadas

2. **Nota:** Si en algún momento el cliente llegara a ser irrespetuoso, la consejería será terminada.

Solicitante Primario/Firma: _____

Fecha: _____

Solicitante Secundario/Firma: _____

Fecha: _____

Sección A Solicitante Primario

Nombre de Solicitante: _____
 Primero Segundo Apellido
 Domicilio: _____
 Calle Ciudad Estado Código Postal
 Número de Seguro Social: _____-_____-_____ Fecha de Nacimiento: ____/____/____ Edad: _____
 Número de Casa: (____) ____-____ Número de Trabajo: (____) ____-____ Número celular: (____) ____-____
 Correo electrónico: _____

¿Quién lo refirió a nuestra organización? *(seleccione una opción)*

-Evento -Redes sociales -CSNV sitio de web -Funcionario electo
 - Medios de comunicación -Miembro de la mesa directiva -Amigo/a -Ministro de justicia
 -Prestamista -Programa *Home Again* -Agencia no lucrativa: _____
 -Agente de Bienes y Raíces: _____ -Otro: _____

Total número of solicitantes: _____

Información demográfica *(seleccione una opción)*

Género: -Masculino -Femenino
Étnico: -Blanco -Afro-American -Hispano/Latino
 -Nativo Americano/ Nativo de Alaska -Asiático/Islas del Pacifico -Otro _____
Idioma Principal: -Inglés -Español -Otro: _____
Educación: -No graduado de preparatoria -Diploma de Preparatoria o Equivalente -Dos años de Colegio
 -Titulo universitario -Maestria - Alto nivel académico -Fuera del país.
Servicio Militar: -Veterano -Militar -N/A

Estadística Familiar

Estado Marital: -Soltero/a -Casado/a -Ley común -Separado/a legalmente -Divorciado/a Viudo /a
Tipo de Familia: -Soltero -Soltera con hijos -Soltero con hijos
 -Casados sin hijos -Casado sin hijos -2+adultos -Otros: _____
Tamaño de familia: _____

Lista de personas declaradas en sus impuestos

Nombre	Edad	Fecha de nacimiento	Relación	Estudiante
				Sí o No
				Sí o No
				Sí o No

Empleo Por favor escriba claramente. Incluya empleo del solicitante por los últimos 2 años. ¿Está usted empleado? No ____ Sí _____

Trabajo actual: _____

Fecha de inicio: _____ Fecha terminación: _____ Título: _____

Ingreso Mensual (*antes de impuestos*): \$ _____ Pago por hora: \$ _____ (*seleccione una opción*) - Tiempo Completo -Medio Tiempo

Este monto es pagado: -Semana -Quincenal -Cada dos semanas -Mensual

Trabajo Secundario o Medio Tiempo: _____

Fecha de inicio: _____ Fecha terminación: _____ Título: _____

Ingreso Mensual (*antes de impuestos*): \$ _____ Pago por hora: \$ _____ (*seleccione una opción*) - Tiempo Completo -Medio Tiempo

Este monto es pagado: -Semana -Quincenal -Cada dos semanas -Mensual

Sección B Solicitante Secundario

Nombre de Solicitante: _____
 Primero Segundo Apellido

Domicilio: _____
 Calle Ciudad Estado Código Postal

Número de Seguro Social: _____ - _____ - _____ Fecha de Nacimiento: ____/____/____ Edad: _____

Número de Casa: (____) ____ - _____ Número de Trabajo: (____) ____ - _____ Número celular: (____) ____ - _____

Correo electrónico: _____

Información demográfica

Género: -Masculino -Femenino

Étnico: -Blanco -Afro-Americano -Hispano/Latino -Nativo Americano/ Nativo de Alaska

-Asiático/Islands del Pacifico -Otro: _____

Educación: -No graduado de preparatoria -Diploma de Preparatoria o Equivalente -Título universitario

-Maestría -Alto nivel académico -Dos años de universidad -En otro País

Servicio Militar: -Veterano -Militar Activo -N/A

Relación con el solicitante: -Espos/a -Hijo/a -Hermano/a

-Madre -Padre -Novio/a

Estadística Familiar

Estado Marital: -Soltero/a -Casado/a -Ley común -Separado/a legalmente -Divorciado/a Viudo /a

Tipo de Familia: -Soltero -Soltera con hijos -Soltero con hijos
 -Casado sin hijos -Casado con hijos -2+adultos -Otros : _____

Empleo Por favor escriba claramente. Incluya empleo del solicitante por los últimos 2 años. ¿Está usted empleado? No ____ Sí ____

Trabajo actual: _____

Fecha de inicio: _____ Fecha terminación: _____ Título: _____

Ingreso Mensual (*antes de impuestos*): \$ _____ Pago por hora: \$ _____ (*seleccione una opción*) -Tiempo Completo -Medio Tiempo

Este monto es pagado: -Semana -Quincenal -Cada dos semanas -Mensual

Trabajo Secundario o Medio Tiempo: _____

Fecha de inicio: _____ Fecha terminación: _____ Título: _____

Pago por hora: \$ _____ (*seleccione una opción*) - Tiempo Completo -Medio Tiempo

Ingreso Mensual (*antes de impuestos*): \$ _____

Este monto es pagado: -Semana -Quincenal -Cada dos semanas -Mensual

Sección C Ingreso Mensual Adicional de todos los solicitantes

	Solicitante Primario	Solicitante Secundario
Pensión Alimenticia/Ingreso de Separación/Divorcio		
Ingreso de propiedades en Renta		
Beneficio de Seguro social/ Ingreso de Seguro Social de dependiente		
Ingreso Pensión		
Asistencia Pública		
Ingreso de negocio personal		
Ingreso de incapacidad		
Beneficios desempleo		
Otros		

Instrucciones: Por favor enliste cualquier deuda incluyendo tarjetas de crédito, automóvil, préstamos de estudiante y pensión alimenticia. No incluya renta o servicios.

Deudas

¿Deuda de quién?	Límite	Balance	Pago mínimo Mensual	Pago a:
A= Solicitante Primario Co= Solicitante Secundario B= Ambos				
A= Solicitante Primario Co= Solicitante Secundario B= Ambos				
A= Solicitante Primario Co= Solicitante Secundario B= Ambos				
A= Solicitante Primario Co= Solicitante Secundario B= Ambos				

Privacy Policy and Security Statement & Consent to Release Information

Community Services of Nevada 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. With regard to 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 Foreclosure Mitigation Counseling Agreement. Your information is considered highly confidential and will be used appropriately and in accordance with our guidelines for privacy and security. 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, which are documented on intake and pre-counseling forms, such as your name, age, race, ethnicity, address, social security number, assets and income.
- Information about your transactions with creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage, mortgage information; and
- 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 for your nonpublic personal information to third parties (such as 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 change your decision with regard to your "opt-out", you may call us at 702-307-1710 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 your information that we will collect as described above, maybe disclosed to your creditors or third parties if it is necessary and if determined that it 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 costumers to anyone as permitted by law, (e.g., if we are compelled by the legal process).
 - Within our agency, we restrict access to nonpublic personal information about you to only those employees who must know the information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

PLEASE BE ADVISED WE ARE THE MEDIATOR BETWEEN YOU AND YOUR MORTGAGE COMPANY. THE FINAL DECISION FOR ANY TYPE OF MODIFICATION, WORKOUT PLAN, ETC... WILL BE UP TO THE INVESTOR.

By signing this privacy policy and security statement, you acknowledge that the doctrine of informed consent has been explained to you, and understand the contents to be release/exchange, the need for the information, and that there are statues and regulations protecting the confidentiality of authorized information.

CONSENT TO RELEASE INFORMATION

Do hereby request that _____
Release all information regarding my account: No:

Community Services of Nevada
730 W. Cheyenne Ave Suite 10
North Las Vegas, NV 89030
National Council of La Raza

I acknowledge that the information obtained will be used solely by Community Services of Nevada and Lenders for the purpose of assisting in the creation of a housing counseling plan.

I understand that this Release of Information is subject to revocation at any time, or one year of the date signing, except to the extent that action has been taken in reliance thereon.

I hereby release the party from whom information is requested from any and all liability which might accrue as a result of the disclosure of such information to Community Services of Nevada. I hereby certify that I have read the foregoing "Release" or it has been read to me and I fully understand its contents and meaning.

Solicitante Primario/Firma _____ Fecha _____

Solicitante Secundario/Firma _____ Fecha _____



* The Counselor will explain this section if it is requested by client *
* El Consejero explicará esta sección si es requerido por cliente *

Community Services of Nevada (“the Agency”) is an IRC 501(c)(3) agency. In order to provide you with housing assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation, and this information may be shared with a non-affiliated party.

The 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 information shared both orally and in writing will be managed within the legal and ethical considerations and in accordance with the policies described herein. If you have any questions about these policies, or our privacy practices, please contact us at **730 W. Cheyenne Ave. Suite 10 North Las Vegas, NV 89030**.

TYPES OF INFORMATION WE GATHER ABOUT YOU.

We may collect the following types of nonpublic personal information from you (herein after referred to as “Personal Information”):

- Information that we receive from you orally or in writing, or 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 balances, payment history, parties to transactions and credit usage;
- Account information, including account balances, payment history, and account usage;
- Information that we obtain from non-affiliated third parties about your transactions with them; and
- Information we receive from a credit-reporting agency, such as your credit history.

CATEGORIES OF PERSONAL INFORMATION THAT WE MAY DISCLOSE AND THE CATEGORIES OF NON-AFFILIATED THIRD PARTIES WITH WHOM WE MAY SHARE THE INFORMATION

- We will disclose some or all of the Personal Information to program monitors or agents. These disclosures are a requirement of our participation in the Home Again Program which makes our services possible.
- We may disclose some or all of the Personal Information to your creditors or other non-affiliated third parties, such as financial service providers or creditors, where we have determined (i) that it would be helpful to you, (ii) that it would aid us in providing our counseling services to you, (iii) in order to fulfill a service requested by you. All non-affiliated companies that act on our behalf and receive Personal Information from us are contractually obligated to keep the information we provide to them confidential, and to use the Personal Information we share only to provide the services we ask them to perform.
- In order to provide our services to you, we also may share any of the categories of Personal Information within our organization, to subsidiaries, affiliates or other related entities.
- We may also disclose any Personal Information about you to anyone as permitted by law (e.g., if we are compelled by legal process) or in the good faith belief that such action is necessary in order to conform to the requirements of law or comply with legal process served on us, protect and defend our rights or property, including the rights and property of the Agency or act in urgent circumstances to protect the personal safety of consumers who use our services.

In addition, the Agency reserves the right to disclose certain Personal Information that it does not currently disclose to the non-affiliated parties referenced above. From time to time, we may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. This data is not personally identifiable.

RIGHT TO OPT-OUT OF CERTAIN DISCLOSURES.

- You have the right to opt-out or prevent us from making disclosures of your Personal Information to non-affiliated third parties such as your creditors or other parties we feel would be helpful to you or that would aid us in counseling you. If you choose to opt-out, we will not be able to answer questions from your creditors. To opt-out, please contact us at **730 W. Cheyenne Ave. Suite 10 North Las Vegas, NV 89030**.
- You have the right to opt-out or prevent us from making disclosures of your Personal Information to the program monitors or agents; however opting-out will terminate the counseling services provided to you because the Agency cannot provide these services to you without disclosing your Personal Information. To opt-out, contact us at **730 W. Cheyenne Ave. Suite 10 North Las Vegas, NV 89030**.
- If at any time, you wish to change your decision with regard to your opt-out, you may contact us at **Community Services of Nevada-730 W. Cheyenne Ave. Suite 10 North Las Vegas, NV 89030**.

THE CONFIDENTIALITY AND SECURITY OF YOUR INFORMATION.

Within the Agency, we restrict access to 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.

INFORMATION FOR RESIDENTS OF NEVADA.

Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number- 702.486.3132; e-mail: BCPINFO@ag.state.nv.us



Privacy Agreement

Community Services of Nevada (“the Agency”) is an IRC 501(c)(3) agency. The Agency is participating in the Nevada Attorney General’s Home Again: Nevada Homeowner Relief Program. By participating in the Home Again Program, the Agency is able to provide you with assistance and counseling in dealing with your mortgage concerns. However, in order to provide you with the assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation (“Personal Information”), and to submit that information to program monitors or agents for purposes of administering the program. Accordingly, we are required to ask your acknowledgement of, and consent to, the following:

- I/we understand that through the Home Again Program, the Agency provides mortgage and foreclosure mitigation counseling services and other housing services. As part of the counseling services, I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other entities as may be appropriate.
- As a condition of participation in the Home Again Program, I understand that the Agency is required to collect and share some or all of my Personal Information with program monitors or agents for purposes of program monitoring, compliance and evaluation of this program.
- I/we acknowledge that I have received a document entitled “Privacy Principles” which outlines the types of Personal Information that the Agency will collect and may share and with whom that information may be shared.
- As part of the Home Again Program, I authorize the Agency to collect my Personal Information, as defined in the Privacy Principles, and to disclose or share it with program monitors or agents.
- I/we understand that this consent to the disclosure or sharing of my Personal Information will remain in effect until it is revoked or modified by me, and that this revocation or modification may occur at any time by contacting the Agency at *730 W Cheyenne Ave Suite 10 North Las Vegas NV 89030*
- I/we understand that the revocation or modification of my consent will result in the termination of the counseling services provided to me because the Agency cannot provide Home Again services without disclosing my Personal Information as outlined.
- I/we understand that other services offered by the Agency may be recommended, or that I may be referred to other entities, as appropriate, to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- I/we understand that the Agency’s counselors may answer questions and provide information, but not give legal advice. If legal advice is required, I may be referred to a nonprofit legal services provider for appropriate assistance.

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____

Counselor Signature: _____ Date: _____

May the administrators of the Home Again Program contact you to follow-up for purposes of monitoring and evaluating the program? Yes _____ No _____

Please note: Participation in the follow-up is strictly voluntary and is not required in order to provide you with services. Community Services of Nevada is a HUD-approved housing counseling agency.

* The Counselor will explain this section if requested by client *
* El Consejero explicará esta sección si es requerido por el cliente *

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.

INITIAL

- | | | |
|-------------|-------------|--|
| _____ | _____ | I/We 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. <u>Community Services of Nevada</u> provides services to residents of Nevada. |
| Pri. | Sec. | |
| | | I/We understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process. |
| _____ | _____ | I/We will be will be given a written assessment outlining a suggested client action plan which may be based on the following options: |
| Pri. | Sec. | |
| _____ | _____ | a) I/We will handle my financial concerns on my own. (Including but not limited to those seeking mortgage counseling and/or budget counseling). |
| Pri. | Sec. | |
| | | 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/We 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. |
| Pri. | Sec. | |

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Whereas, the client(s) recognizes that in order for Community Services of Nevada (hereinafter known as "Agency") to provide its services as part of the Nevada Attorney General's Home Again: Nevada Homeowner Relief Program, program monitors or agents will request Agency to furnish certain information concerning the client's financial condition.

In consideration of, and in furtherance of the services to be provided by Agency, the client(s) hereby expressly authorizes Agency to: disclose and/or obtain 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 from or to any creditor of the client(s) or any credit reporting agency, as Agency deems necessary.

The client(s) hereby agrees to hold Agency, 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 Agency to the client(s).

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

Agency 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.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

*The Counselor will explain this section if it is requested by client *
* **El Consejero explicará esta sección si es requerido por el cliente**



730 W Cheyenne Suite 10 □ North Las Vegas, Nevada 89030 □ Phone (702) 307-1710 □ Fax (702) 307-1712

Presupuesto Mensual

			Uso de Oficina
			Ingreso Total
			Total de gastos
Tipo			Recomendaciones de Consejería
Ingreso Mensual			
	Ingreso	Descripción	
Seguro Social			
Bonos			
Comisiones			
Ingreso Renta (otra propiedad)			
Planes de retiro			
Ingreso empleo			
Ingreso empleo			
Otros			
Gastos Mensuales			
Auto			
Seguro de auto			
Préstamo de auto			
Placas/inspección de auto			
Reparación/mantenimiento			
Gasolina			
Pensión Alimenticia/Pensión por divorcio			
Pago mínimos en tarjetas de crédito			
Pago mínimo en cuentas de colección			
Departamento del Tesoro/ Otro impuestos			
Educación			
Matrícula escolar			
Libros/materiales escolares			
Diversiones			
Eventos deportivos			
Comida y Víveres			
Comida Rápida/ Restaurantes			
Comida/Víveres			
Pagos de Vivienda			
Seguro de hipoteca/ incluido en la hipoteca			
1era hipoteca			
2nda hipoteca			
Otras hipotecas			
Asociación de propietarios			
Línea de crédito hipotecaria			
Propietarios/ inquilinos & seguro			
Impuestos de la propiedad			
Mantenimiento jardinería			
Renta de otras propiedades			
Deudas con pagos			
Préstamo Corto			
Préstamo personal			
Préstamo estudiantil			

Seguro			
Dentista/Visión			
Seguro Accidentes/Incapacidad			
Seguro Medico			
Seguro de Vida			
Medico			
Dentista			
Visitas Doctor/Deducible			
Visión/Anteojos/Lentes de Contacto			
Gastos Médicos			
Medicinas			
Otros			
Contribución Retiro			
Fondos para la universidad			
Impuestos			
Drenaje			
Internet			
Cable TV			
Celular			
Electricidad			
Servicios de basura			
Calefacción (gas natural)			
Agua			
Teléfono			
Gastos Variables			
Caridad			
Donaciones de iglesia			
Otros regalos y donaciones			
Compra de comida fuera de casa			
Educación			
Gastos escolares/libros/materiales			
Diversión			
Libros/periódicos			
Regalos de cumpleaños			
Bebidas alcohólicas			
Mesadas de niños			
Pago mensual de su cuenta de ahorros			
Guardería			
Tabaco			
Ropa			
Cuota de socio de gimnasio			
Artículos personales/perfumería			
Lavandería/tintorería			
Gastos extras			
Reparación y mantenimiento			
Renta de películas			
Pago de sindicato			
Otros gastos mantenimiento hogar			
Control de pagos			
Sistema de seguridad			
Vacaciones			
Gastos mascotas			
Transportación pública			
Misceláneas			
Total de gastos:			

Solicitante Primario/Firma _____ Fecha _____

Solicitante Secundario/Firma _____ Fecha _____

Firma de consejero _____ Fecha _____