



FC

730 West Cheyenne Ave Suite #10 North Las Vegas NV 89030 Phone: (702)307-1710\*Fax (702)307-1712\* Email: [getthefacts@csnv.com](mailto:getthefacts@csnv.com)

## Solicitud de Consejería para Clientes con atraso de pagos en su Hipoteca

### ZONA DE PELIGRO

1. Revise la Lista de Documentos incluida en la solicitud.
2. Si usted no provee los documentos requeridos para hacer una cita, su caso no será evaluado.
3. El correo electrónico contiene archivos adjuntos, por favor revise la información que contienen.
4. Lea las instrucciones antes de hacer su cita de consejería, favor de enviar los documentos al siguiente correo electrónico: [clizarraga@csnv.org](mailto:clizarraga@csnv.org).
5. Todo documento debe de ser completado, firmado, y con fecha por todos los solicitantes.
6. Si llega tarde, cancela o pierde su cita; Usted será puesto en lista de espera después que todos los documentos requeridos hayan sido recibidos.
7. Todas las personas que aparecen en título/escritura, hipoteca y fideicomiso (Trust) son considerados los solicitantes.
8. Si su hipoteca está en un fideicomiso (Trust) proveer todo documento incluido en el TRUST.
9. Si hay un apartado postal (P.O. Box) en alguno de los documentos proveer una carta de explicación detallada explicando la razón del apartado postal.
10. Proveer copia de reporte de crédito (si aplica)
11. Carta de dificultades (Hardship- Letter) \*\* necesita incluir fecha cuando comenzó, cual fue la causa, y la situación de empleo en la que se encuentra actualmente. Si está desempleado el cliente debe especificar si está actualmente buscando empleo.
12. Todas las declaraciones de impuestos deben de estar firmadas. Favor de proveer todas las páginas de la declaración de impuestos, incluyendo todos los apéndices, W-2s y/o 1099.
13. Cualquier otra cuenta reflejada en su estado de cuenta bancaria que no pertenezca a usted necesita carta de explicación detallada.
14. Si usted recibe pensión alimenticia (Child Support) favor de proveer documentos de la corte que establezca el ingreso mensual.
15. Todas las cartas de explicación y páginas que requieren firma deben de estar firmadas y con fecha.
16. No mande sus documentos en formato de foto, no serán aceptados.
17. Favor de mandar copias de los documentos vía- fax, correo electrónico, en persona o correo (USPS).
18. La cita puede tomar hasta 2 ½ horas.

Si tiene preguntas llame al número siguiente.

Tel: (702) 307-1710 \* Fax: (702) 307-1712

**Todo correo electrónico debe ser mandado a: [clizarraga@csnv.org](mailto:clizarraga@csnv.org)**

Cliente	<b>Por Favor leer la siguiente instrucciones</b>			Oficina
	Copia de su ID y copia de su tarjeta de seguro social o tarjeta ITIN.			
	Estado de cuenta de Banco de Cheques y Ahorros. ** Todas las páginas aunque estén en blanco**	3 Meses		
	Prueba de todos los ingresos de la familia. *Trabajo por cuenta propia necesitará un: Estado de Ganancias y Perdidas	2 Meses		
	Todas las copias de Declaración de Impuestos incluyendo w'2s y/o 1099. *Si los impuestos del año reciente no han sido declarados necesita proveer una extensión del IRS, y una carta de explicación del por qué pidió la extensión. *Para personas que reciben 1099- proveer estado de Pérdidas y Ganancias del 2014. *Extensión del IRS si no ha realizado su declaración de impuestos.	<b>2013 &amp; 2014</b>		
	Documentos firmados de Título a la hora del cierre de su casa o documentos de modificación si ha obtenido alguna en el pasado.			
	Carta escrita por el cliente explicando la razón de su dificultad para hacer los pagos de la hipoteca con fecha y firma.			
	Acuerdo de separación o decreto de divorcio, en los últimos 7 años si los derechos de la propiedad fueron cedidos a usted.			
	Copia de estado de cuenta mensual de utilidades: luz, agua, gas, automóvil, y/o deudas personales.			
	Documentos de Bancarrota: Carta de Liberación de Deudas con fechas según el Capítulo 7/13 que haya hecho. *Si usted se declaró en bancarrota en los últimos 2 años, usted necesitará proveer el paquete completo incluyendo la Carta de Liberación de Deudas ( <i>Discharge Letter</i> ).			
	Ultimo Estado de cuenta de su Hipoteca.			
	Correspondencia de su Banco Hipotecario.			
	Estado de Cuenta de Asociación de Residentes. ***No talones de pago*** *Si su cuenta de la Asociación de Residentes (HOA) tiene un balance atrasado usted deberá proveer un arreglo de pago con su Asociación (HOA). Si su propiedad no tiene Asociación de Residentes (HOA) favor de proveer una carta de explicación, especificando que su propiedad no pertenece a ninguna asociación.			
	Personas que preparan sus propios impuestos, proveer <i>Tax Return Transcripts</i> del IRS.			
	Si hay algún error en su nombre en el Estado de Cuenta de Hipoteca, en los records del Condado de Clark, identificación o tarjeta del seguro social por favor provea una carta de explicación con el nombre correcto. Si es casado o divorciado provea el certificado de Matrimonio, demanda de divorcio o cambio de nombre legal.			
	Si hay liberación de derechos sobre la propiedad favor de proveer una copia del documento: <i>Quit Claim DEED</i> .			
	Copia de la declaración de seguro sobre la propiedad ( <i>Hazard Insurance Declaration</i> ).			
	Copia del Reporte de Crédito de los últimos 3 meses.			
<b>Noticia de Embargo</b> SI <input type="checkbox"/> NO <input type="checkbox"/>		<b>Noticia de Mediación</b> SI <input type="checkbox"/> NO <input type="checkbox"/>	<b>Fecha de Venta de Embargo:</b> SI <input type="checkbox"/> NO <input type="checkbox"/>	<b>Bancarrota en los últimos 7 años</b> SI <input type="checkbox"/> NO <input type="checkbox"/>
<b>FOR OFFICE USE ONLY :</b> Fannie Mae      Freddie Mac      Investor: _____				
<p data-bbox="97 1648 1339 1690">¿Está registrado(a) para Votar?      SI <input type="checkbox"/>      NO <input type="checkbox"/>      ( Si no pida una solicitud de inscripción para votar)</p> <p data-bbox="97 1774 1307 1816"><b>Solicitante Primario/Firma :</b> _____      <b>Fecha:</b> _____</p> <p data-bbox="97 1837 1307 1879"><b>Solicitante Primario/Firma:</b> _____      <b>Fecha:</b> _____</p> <p data-bbox="308 1879 1226 1942" style="text-align: center;">The Counselor will explain this section if it is requested by the homeowner * * El Consejero explicará esta sección si es requerido por el propietario de casa *</p>				

## 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.

### 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.

USTED NO TIENE QUE UTILIZAR LOS SERVICIOS ADICIONALES OFRECIDOS POR COMMUNITY SERVICES OF NEVADA (CSNV) Y/O SUS AGENCIAS ASOCIADAS O AFILIADAS PARA PODER RECIBIR LOS SERVICIOS DE ASESORIA DE VIVIENDA O EDUCACION PARA LA COMPRA DE VIVIENDA.



### Non-Profit Form

1. If you have been working with any of the following Non-Profit agencies 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 these non-profit agencies, check the box that applies to you, sign/date, and proceed to fill out the application.

- Legal Representation (Attorney)
- FGC – Financial Guidance Center
- Home Ownership Preservation Foundation (HOPE)
- Housing for Nevada (HFN)
- Nevada Legal Aid Center
- Housing Authority
- 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 \_\_\_\_\_
- I HAVE NOT been working with any of the non-profit agencies listed above during the last 18 months.

2. **NOTE:** If at any time the client becomes disrespectful counseling will be terminated.

Solicitante Primario/Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Solicitante Secundario/Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

\* The Counselor will explain th  
\* El Consejero explicará esta sec



requested by the homeowner \*  
o por el propietario de casa \*

**SOLICITANTES**

**POR FAVOR ESCRIBA CLARAMENTE**

Solicitante Primario: \_\_\_\_\_  
Primero Segundo Apellido

Número de Seguro Social: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Solicitante Secundario: \_\_\_\_\_  
Primero Segundo Apellido

Número de Seguro Social: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Domicilio: \_\_\_\_\_  
Calle Ciudad Estado Código Postal

Número de Casa: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Número de Trabajo: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Número celular: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Correo electrónico: \_\_\_\_\_

**LOSS MITIGATION AUTHORIZATION**

I authorize Community Services of Nevada (CSNV) Home Ownership Center to:

- a. Review my/our credit file for informational inquiry purposes.
- b. Contact my Servicer/Lender for possible workout solutions pertaining to the property listed above.
- c. I/we further authorize you Servicer/Lender to release and discuss my/our case with CSNV and provide them with any and all documentation needed to proceed with my/our counseling work out solutions.
- d. I/we further authorize you Servicer/Lender to discuss our case with the counselors for CSNV and obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s). They are working to help me/us address my/our financial problems and to propose a loss mitigation plan which is within your guidelines.
- e. **Lender(s)/ Servicer(s):** \_\_\_\_\_ who service(s) my/our loan.
- f. **Loan number:** \_\_\_\_\_

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.

**NOTE FOR CREDIT REPORT**

This disclosure packet is the property of Community Services of Nevada 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 transaction for any services rendered or any other purpose. In addition, Community Services of Nevada and its board of directors will be held harmless from any and all claims, actions, damages, liabilities, losses and expenses, including but not limited to reasonable attorney's fees, resulting from third party's violation of this disclaimer.

**Solicitante Primario/Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Solicitante Secundario/Firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

\_\_\_\_\_  
Counselor Initials

\* The Counselor will explain this section if it is requested by the homeowner \*  
\* El Consejero explicará esta sección si es requerido por el propietario de casa \*

## 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

-Programa Nevada Hardest Hit -Programa Home Again -Banco/Institución Financiera: \_\_\_\_\_

-Agencia no lucrativa: \_\_\_\_\_ Otro: \_\_\_\_\_

Total número de aplicantes: \_\_\_\_\_

### Información demográfica *(seleccione una opción)*

**Género:** -Masculino -Femenino

**Étnico:** -Blanco -Afro-Americano -Hispano/Latino  
-Nativo Americano/ Nativo de Alaska -Asiático/Islas del Pacífico -Otro \_\_\_\_\_

**Idioma Principal:** -Inglés -Español -Otro: \_\_\_\_\_

**Educación:** -No graduado de preparatoria -Diploma de Preparatoria o Equivalente -Dos años de Universidad  
-Titulo universitario -Maestría -Alto nivel académico -En otro país

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

### Estadística Familiar

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

**Tipo de Familia:** -Soltero/a -Soltera con hijos -Soltero sin hijos  
-Casado sin hijos -Casado con hijos -2+adultos -Otro: \_\_\_\_\_

**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 (*seleccione una opción*)

**Género:** -Masculino -Femenino

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

-Asiático/Islas 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:** -Esposo/a -Hijo/a -Hermano/a

-Madre

-Padre

-Novio/a

### Estadística Familiar (*seleccione una opción*)

**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

-Otro : \_\_\_\_\_

**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 de 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

<b>Sección C: Ingreso adicional mensual</b>		
	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.

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

**Sección D: Información de su Préstamo Hipotecario** (seleccione una opción)

1. ¿Es esta su residencia principal?..... Sí o No
2. ¿Cuántas Hipotecas tiene la propiedad? \_\_\_\_\_
3. ¿Está atrasado en sus pagos Hipotecarios?..... Sí o No
4. ¿Cuál es la razón por la cual no puede hacer sus pagos de hipoteca mensuales?  
-Reducción de ingreso    -Presupuesto Bajo    -Pérdida de Ingreso    -Problemas de salud    -Aumento en gastos  
-Divorcio/Separación    -Deceso en la familia    -Pérdida de negocio    -Aumento en pago de deudas  
-Otra razón (favor explique): \_\_\_\_\_
5. Nombre de su Banco Hipotecario: \_\_\_\_\_
6. Número de Préstamo: \_\_\_\_\_
7. Balance actual del principal: \_\_\_\_\_
8. Tipo de préstamo: -FHA    -VA    -CONVENCIONAL    -Préstamo solo interés    -No se
9. Tipo de Interés:    -Fijo    -Ajustable
10. Interés mensual: \_\_\_\_\_
11. Monto del pago Mensual:    \$ \_\_\_\_\_
12. Número de pagos atrasados: \_\_\_\_\_
13. Total del monto atrasado: \$ \_\_\_\_\_
14. Fecha del último pago enviado y aceptado: \_\_\_\_\_
15. Ha recibido usted una modificación?: \_\_\_\_\_
16. En qué fecha compró la propiedad?: \_\_\_\_\_
17. Ha refinanciado usted la propiedad? \_\_\_\_\_
18. ¿Están incluidos en su pago mensual los impuestos sobre la propiedad y el seguro de propietario?..... Sí o No  
    ¿Si no? ¿Están los impuestos sobre la propiedad al corriente?..... Sí o No
19. ¿Está el seguro sobre la propiedad al corriente?..... Sí o No

Segunda Hipoteca: _____ Hipoteca #: _____
Monte del pago mensual: _____ Número de pagos atrasados: _____
Balance actual del principal: _____ Fecha del último pago enviado y aceptado: _____

Nombre de la asociación de propietarios: _____ Número de cuenta: _____
Monto del pago mensual _____ Número de pagos atrasados: _____
Dirección: _____

Por favor escriba una breve descripción de su situación o cualquier información que pueda ayudar a entender mejor su situación. Por favor escriba claramente.



## 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 I hereby 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



## Foreclosure Mitigation Counseling Agreement

1. I understand that Community Services of Nevada provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Community Services of Nevada receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and December 31, 2015 and to give authorization for NFMC program administrators and /or their agents to follow up with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Community Services of Nevada's Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able 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.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that Community Services of Nevada provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Community Services of Nevada in no way obligates me to choose any of these particular loan products or housing programs.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Co-Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

\* The Counselor will explain this section if it is requested by the homeowner \*  
\* **El Consejero explicará esta sección si es requerido por el propietario de casa \***



**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](mailto: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: \_\_\_\_\_ Date: \_\_\_\_\_

**May the administrators of the Home Again Program contact you to follow-up for purposes of monitoring and evaluating the program?**      **Sí**\_\_\_\_\_      **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 it is requested by the homeowner \***  
**\* El Consejero explicará esta sección si es requerido por el propietario de casa \***

## 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.

### INITIALS

\_\_\_\_\_ I/We understand the agency will provide a confidential comprehensive personal housing counseling or  
App Co-app foreclosure prevention interview conducted by a Certified Housing Counselor or qualified professional  
Counselor. Community Services of Nevada provides services to residents of Nevada.

\_\_\_\_\_ I/We understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.  
App Co-app

\_\_\_\_\_ I /We will be will be given a written assessment outlining a suggested client action plan which may be based  
App Co-app on the following options:

- a) I/We 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/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  
App Co-app may contact me to request an evaluation of the agency's services.

<b>WAIVER AND AUTHORIZATION TO RELEASE INFORMATION</b>
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Whereas, the client(s) recognizes that in order for Community Services of Nevada (herein after 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 requested by the homeowner \*  
**\* El Consejero explicará esta sección si es requerido por el propietario de casa \***



## Presupuesto Mensual

Auto	Mensualidad	Recomendaciones de Consejería
Seguro de auto		
Préstamo de auto		
Placas/inspección de auto		
Reparación/mantenimiento		
Gasolina		
<b>Pensión Alimenticia/Pensión por divorcio</b>		
Pago mínimos en tarjetas de crédito		
Pago mínimo en cuentas de colección		
Departamento del Tesoro/ Otro impuestos		
<b>Educación</b>		
Matrícula escolar		
Libros/materiales escolares		
<b>Otros gastos misceláneos</b>		
<b>Comida y Víveres</b>		
Comida Rápida/ Restaurantes		
Comida/Viveres		
<b>Pagos de Vivienda</b>		
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		
<b>Deudas con pagos</b>		
Préstamo Corto		
Préstamo personal		
Préstamo estudiantil		
<b>Seguro</b>		
Dentista/Visión		
Seguro Accidentes/Incapacidad		
Seguro Medico		
Seguro de Vida		
<b>Medico</b>		
Dentista		
Visitas Doctor/Deducible		
Visión/Anteojos/Lentes de Contacto		
Gastos Médicos		
Medicinas		
<b>Otros Gastos Misceláneos</b>		
Contribución Retiro		
<b>Cuentas de Ahorros y Pensión</b>		
IRA/SEP/401K Planes de retiro y ahorros		
Fondos para la universidad		
<b>Pagos de impuestos gubernamentales</b>		
Impuestos (IRS)		
<b>Utilidades</b>		
Drenaje		
Internet		
Cable TV		
Celular		
Electricidad		
Servicios de basura		





**730 W Cheyenne Avenue Suite 10  
 North Las Vegas, Nevada 89030  
 P. 702-307-1710 F. 702-307-1712  
 E. [getthefacts@csnv.org](mailto:getthefacts@csnv.org)  
 W. [www.csnv.org](http://www.csnv.org)**



**DOMESTIC VIOLENCE SHELTERS**

Child Protective Services 702-399-0081  
 Family & Child Treatment 702-258-5855  
 Safe House Shelter 702-451-4203  
 Safe Nest 702-877-0133  
 Temporary Protective Orders 702-455-3400  
 Victim Witness Advocate 702-229-2525

**ELDERLY**

Division for Aging 702-486-3545  
 Henderson Senior Center 702-267-2956  
 Clark County Senior Advocates 702-455-8860  
 Project Reach 702-402-5200  
 AARP Nevada 866-389-5652  
 Helping Hands 702-649-7853

**EMERGENCY ASSISTANCE HOMELESS SERVICES**

City Mission of Las Vegas 702-384-1930  
 Family Promise 702-638-8806  
 Las Vegas Rescue Mission 702-382-1766  
 Salvation Army 702-649-8240  
 Shade tree (Women only) 702-385-0072

**REHABILITATION CENTERS**

Alcoholic Anonymous 702-598-1888  
 Salvation Army 702-399-2769  
 West Care Inc. 702-383-4044  
 Substance Abuse Hot Line 800-662-4357

**LIBRARIES**

Clark County Library 702-507-3400  
 Las Vegas Library 702-507-3500  
 Centennial Hills Library 702-507-6100  
 Meadows Library 702-474-0023  
 West Charleston Library 702-507-3940

**FOOD & MEDICAL**

Catholic Charities 702-387-2291 702-383-0766  
 Clark County Social Services 702-455-8639  
 3900 S Cambridge St Las Vegas, NV 89119  
 Three Square 702-644-3663  
 Helping Hands 702-649-7853  
 Las Vegas Salvation Army 702-870-4430

Food SNAP Nevada State Welfare 702-486-5000

**LEGAL ASSISTANCE**

Nevada Attorney General 702-486-3132  
 Family Law Self-Help Center 702-386-1070  
 Foreclosure Mediation of Nevada 702-486-9380  
 Legal Aid Services 702-386-1070  
 Nevada Legal Services 702-386-0404  
 Attorney Referral Service 702-382-0504

**RENTAL/UTILITY/FOOD ASSISTANCE**

Catholic Charities 702-387-2291 702-383-0766  
 Help of Southern Nevada 702-369-4357  
 Henderson Salvation Army 702-565-9578  
 HOPE Link 702-566-0576  
 Las Vegas Salvation Army 702-870-4430  
 Lutheran Social Services 702-639-1730  
 Nevada HAND 702-739-3345  
 North Las Vegas Housing Authority 702-649-2451  
 NV Energy Assistance 800-992-0900  
 NV Energy Equal Payment Plan 702-402-5555  
 State of NV Energy Assistance Program 702-486-1404

**COMMUNITY RESOURCES**

Clark County Social Services 702-455-4270  
 Giving Life Ministries 702-565-4984  
 Nevada's Welfare (LIHEA) 702-486-3000  
 Lutheran Social Services 702-639-1730

**YOUTH**

Behavioral Bilingual Services 702-451-7542  
 Clark County Family & Youth Services 702-455-5200  
 LV West Lied Memorial Boys and Girls Club 702-932-1880  
 Shannon West Homeless Youth Center 702-385-3776

**TRANSITIONAL HOUSING**

Clark County Family & Youth Services 702-455-5200  
 Jewish Family Services 702-732-0304  
 Nevada Homeless for Youth 702-380-2889  
 Parsons Place 702-383-0847

Salvation Army PATH 702-649-8240

Women's Development Center (WDC) 702-7967770

**HOMEOWNERSHIP & COUNSELING**

Community Services of Nevada 702-307-1710  
 CPLC Chicanos por la causa 702-207-1614  
 Financial Guidance Center 702-3640344  
 HOPE(Homeownership Preservation Foundation) 888-995-4673  
 Home Today 702-270-0300  
 NACA-(Neighborhood Assistance Corporation) 702-362-6199  
 NHSSN (Neighborhood Housing Services) 702-649-0998  
 Nevada Hardest Hit 702-570-5662 1-888-428-4357  
 Nevada Partners 702-924-2100  
 Southern NV Regional Housing Authority 702-922-6800  
 State of Nevada Housing Division 702-486-7220  
 HUD(Us Department of Housing & Urban Development) 702-366-2100  
 800-333-4636  
 HUD Fair Housing Complains 800-669-9777-  
 800-927-9275 (TTY)

**OTHER SERVICES**

American Heart Association 702-367-1366  
 BBB – Better Business Bureau 702-320-4500  
 Consumer Financial Protection Bureau 855-411-2372  
 Clark County Recorder's Office 702-455-4336  
 702-455-3882  
 Hermandad Mexicana 702-598-0052  
 Hispanic Day Parade 702-307-1710  
 NV Department of Employment 702-486-0350  
 Nevada Job Connect 702-486-0100  
 Poison Control Center 702732-4989  
 Suicide Prevention Hotline 800-273-8255  
 Nevada Call Center 211 866-535-5654  
 East Valley Family Services 702-369-9177  
 Las Vegas Urban League 702-636-3949  
 LV West Lied Memorial Boys and Girls Club 702-932-1880

Applicant Signature

Date

Co-Applicant Signature

Date



# How Do You Recognize Housing Discrimination?

Visit [hud.gov/fairhousing](https://www.hud.gov/fairhousing) or call the HUD Hotline  
**1-800-669-9777** (English/Español) **1-800-927-9275** (TTY)

## It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

## If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

## Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_