



Client(s):

Date:

Thank you for choosing Neighborhood Housing Services of Baltimore, Inc. for your homeownership and financial needs. To schedule an individual counseling appointment with a Homeownership Advisor, please forward copies (no originals) of the following documents to the office. You may provide these items via fax, email, US mail or delivery to the NHS of Baltimore office. Please retain the copy of the NHS of Baltimore Privacy Policy included. If you have an Order to Docket or Notice of Intent to Foreclose, or Foreclosure Sale Date – You must call a Homeownership Advisor immediately.

- Most recent mortgage statements, collection notices, Legal notices
- Last 2 months of checking and/or savings statements
- Last 3 pay stubs, current Social Security award, Retirement, Annuity statement.
- Hardship letter
- Credit report fee - \$16.00, money order or check payable to NHS.
- State issued photo ID

Please complete, Sign and return these enclosed forms

1. Client Information form
2. Budget form
3. Authorization to speak to your mortgage company
4. Hold Harmless Agreement and Authorization to pull your credit report

You may bring Closing folder received at settlement with you for the counseling appointment. For question or concerns, please contact your assigned Homeownership Advisor (check marked below).

:

Sincerely,

Patricia Hull

Education Manager/Senior Homeownership Advisor

Assigned Homeownership Advisor:

\_\_\_\_ Homeownership Advisor: John Griffin – email: [jgriffin@nhsbaltimore.com](mailto:jgriffin@nhsbaltimore.com);  
Phone: (410) 327-1200, x119 Fax (410) 675-1855

\_\_\_\_ Homeownership Advisor: Rena Somar – email: [rsomar@nhsbaltimore.com](mailto:rsomar@nhsbaltimore.com);  
Phone: (410) 327-1200, x116 Fax (410) 675-1855



# Client Information Form

## Neighborhood Housing Services of Baltimore, Inc.

Date: \_\_\_\_\_ Service Path: Educ. \_\_, Purchase Hsg. \_\_, Default & Delinquency \_\_, Fin. Literacy \_\_

Please provide information about yourself: Monthly Rent \$ \_\_\_\_\_ Monthly Mortgage Pmt. \$ \_\_\_\_\_

Number of people in household \_\_\_\_\_ Ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(1) Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
First, Middle, Last

(2) Name \_\_\_\_\_ (2)DOB \_\_\_\_\_ SS# \_\_\_\_\_  
First, Middle, Last

Address: \_\_\_\_\_  
City, State, Zipcode

Home Phone: \_\_\_\_\_ Cell Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

Email Address(s): \_\_\_\_\_

(1) Gender: Male \_\_ Female \_\_ Foreign Born? Y \_\_ N \_\_ Disabled? Y \_\_ N \_\_ Veteran ? Y \_\_ N \_\_

(2) Gender: Male \_\_ Female \_\_ Foreign Born? Y \_\_ N \_\_ Disabled? Y \_\_ N \_\_ Veteran? Y \_\_ N \_\_

(1) Annual Income \$ \_\_\_\_\_ (2) Annual Income \$ \_\_\_\_\_

Referral Source : \_\_ Newspaper \_\_ Lender \_\_ Government \_\_ Former customer \_\_ Friend/Relative  
 \_\_ Realtor \_\_ NHS Website \_\_ TV/Radio \_\_ Other : \_\_\_\_\_

Please CIRCLE Race and Household Type

<p><b>Customer Demographics: Race (Please Circle)</b></p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> American Indian/Alaskan Native/White</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black/African American and White</p> <p><input type="checkbox"/> American Indian/Alaskan Native and Black or African American</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not Available</p>	<p><b>Household Types (Please Circle)</b></p> <p><input type="checkbox"/> Single adult/Non Elderly</p> <p><input type="checkbox"/> Female-headed single parent household</p> <p><input type="checkbox"/> Male-headed single parent household</p> <p><input type="checkbox"/> Married without children</p> <p><input type="checkbox"/> Married with children</p> <p><input type="checkbox"/> Two or more unrelated adults</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Hispanic Ethnicity? Yes No (please circle answer)</p>	

Circle the income in the column that matches the number of people in your household

Household Size	1	2	3	4	5	6	7	8
<b>Annual Household Income Limits</b>								
30%	17,250	19,700	22,200	24,650	26,600	28,600	30,550	32,550
50%	28,750	32,850	36,950	41,050	44,350	47,650	50,900	54,200
80%	44,800	51,200	57,600	64,000	69,100	74,250	79,350	84,500
Above 80	44,801	57,201	57,601	64,001	69,101	74,251	79,351	84,501

I/We received a copy of the NHS of Baltimore, Inc. Privacy Policy, Conflict of Interest, Complaint Policy and Hold Harmless/Authorization Agreement

Participant Signature \_\_\_\_\_ Participant Signature: \_\_\_\_\_

# Client Information Form –Default & Delinquency

Neighborhood Housing Services of Baltimore, Inc. 819 Park Avenue Baltimore, MD 21201

Client Name(s): \_\_\_\_\_

Appointment Date : \_\_\_\_\_ Time : \_\_\_\_\_

Are you living in the property? Y\_\_ N\_\_ If no, Currently for Sale? Y\_\_ N\_\_ Rental? Y\_\_ N\_\_

Do you want to remain in your home? Y N

Number Months past due ? \_\_\_\_\_ Date of Last Payment : \_\_\_\_\_ sale ? Yes\_\_ No\_\_

1st Mortgage Lender/Service \_\_\_\_\_ Loan # \_\_\_\_\_

Date Loan Obtained \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Monthly Payment.\$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Type of Loan : \_\_FHA \_\_Conventional \_\_VA \_\_Fixed \_\_ARM \_\_Interest Only

2<sup>nd</sup> Mortgage Lender/Service \_\_\_\_\_ Loan # \_\_\_\_\_

Date Loan Obtained \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Monthly Payment\$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Type of Loan : \_\_FHA \_\_Conventional \_\_VA \_\_Fixed \_\_ARM \_\_Interest Only

Cause of Delinquency? Loss of Income \_\_\_ Reduction in Income\_\_\_ Medical\_\_\_ ivorce/Separation\_\_\_

Other \_\_\_\_\_

Have You Spoken with Mortgage Lender/Service? \_\_Y \_\_N Date of last Contact \_\_\_\_\_

Have You spoken with any other Counseling Agencies? \_\_Y \_\_N Date \_\_\_\_\_

Agency \_\_\_\_\_

Have you and/or Co-Borrower filed for Bankruptcy in last 8 years? \_\_Y \_\_N

Year filed \_\_\_\_\_ Date Discharged \_\_\_\_\_ Chapter filed \_\_\_\_\_

**NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE, INC.**

**HOLD HARMLESS AGREEMENT and AUTHORIZATION**

I (we) agree to hold harmless and indemnify Neighborhood Housing Services of Baltimore, Inc. and its employees, member officers and directors in connection with acts performed by them which would reasonably be associated with consultation, technical advice, financial counseling, loan processing, property inspection, construction management and other related activities.

I (we) further agree to indemnify, hold and save harmless the City of Baltimore and its Department of Housing and Community Development; and the State of Maryland and its Department of Housing and Community Development, from any and all losses, claims or damages of every nature or description arising out of or in connection with this contract.

I (we) authorize the staff of Neighborhood Housing Services of Baltimore, Inc., to obtain specific reports and verifications such as personal credit reports, income and assets necessary to perform its functions.

I (we) authorize my Realtor, Lender, Home Inspector and Title company to provide a copy of ratified Contract of Sale, Good Faith Estimate, Truth In Lending, Home Inspection, HUD-1 statement as applicable to NHS of Baltimore, Inc. upon request.

I (we) authorize my Realtor, Lender, Home Inspector and Title Company to provide a copy of ratified Contract of Sale, Good Faith Estimate, Truth In Lending, Home Inspection Report, HUD-1 statement, as applicable to NHS of Baltimore, Inc. upon request.

I (we) understand that a photocopy of this form will serve as authorization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
*Social Security Number*

## **Neighborhood Housing Services of Baltimore, Inc.**

### **General Conflict of Interest Policy**

#### Application of Policy

This policy applies to board members, employees, relatives of employees, and certain volunteers of Neighborhood Housing Services of Baltimore, Inc. (NHS), hereafter referred to as Staff. A volunteer is covered under this policy if that person has been granted significant independent decision making authority with respect to financial or other resources of the organization. Clients of NHS are hereinafter referred to as “interested parties.”

#### Determining a Conflict of Interest

A conflict of interest may exist when the interests or concerns of Staff may be seen as competing with the interests or concerns of an Interested Party. There are a variety of situations which raise conflict of interest concerns including, but not limited to, the following:

**Financial Interests** - A conflict may exist where Staff directly or indirectly benefits or profits as a result of a decision or transaction entered into with an Interested Party. Examples include situations where:

- Staff contracts to purchase or lease goods, services, or property from an Interested Party;
- Staff purchases an ownership interest in or invests in property owned by an Interested Party;
- Staff is provided with a gift, gratuity, or favor of a substantial nature from a person or business entity for referring an Interested Party to that person or business entity;

**Other Interests** - A conflict may also exist where Staff obtains a non-financial benefit or advantage that they would not have obtained absent their relationship with an Interested Party. Examples include:

- Staff seeks to make use of confidential information obtained from an Interested Party for their own benefit or for the benefit of a relative, business associate, or other organization; or
- Staff seeks to take advantage of an opportunity or enables a relative, business associate or other organization to take advantage of an opportunity which they have reason to believe would be of interest to an Interested Party.

#### Disclosure of Actual or Potential Conflicts of Interest

Staff is under a continuing obligation to disclose any actual or potential conflict of interest as soon as it is known or reasonably should be known.

Staff shall complete a disclosure statement at such time as an actual or potential conflict arises and shall be provided to the Chief Executive Officer of the organization.

For board members, the disclosure statement shall be provided to the President (Chairman) of the Board. The President’s (Chairman’s) disclosure statement shall be provided to the Secretary of the Board. Copies shall also be provided to the Chief Executive Officer of the organization.

In the case of volunteers with significant decision making authority, the disclosure statements shall be provided to the Chief Executive Officer of the organization. The Chief Executive Officer's disclosure statement shall be provided to the President (Chairman) of the board.

The Secretary of the Board shall file copies of all disclosure statements with the official corporate records of the organization.

Interested parties who believe that a conflict of interest may or does exist as a result of Staff's interaction with said interested party, may file a formal written complaint with the Chief Executive Officer of NHS.

Whenever there is reason to believe that an actual or potential conflict of interest exists between Staff of NHS and an interested party, the board of directors shall determine the appropriate organizational response. This shall include, but not necessarily be limited to, invoking the procedures described below, with respect to a specific proposed action or transaction.

#### Procedures for Addressing Conflicts of Interest - Specific Transactions

Where an actual or potential conflict exists between Staff of NHS and an interested party with respect to a specific proposed action or transaction, Staff shall refrain from the proposed action or transaction until such time as the proposed action or transaction has been approved by the disinterested members of the board of directors of the organization. The following procedures shall apply:

Staff who has an actual or potential conflict of interest with respect to a proposed action or transaction of the corporation shall not participate in anyway in, or be present during, the deliberations and decision making of the organization with respect to such action or transaction. Staff may, upon request, be available to answer questions or provide material factual information about the proposed action or transaction.


The disinterested members of the board of directors may approve the proposed action or transaction upon finding that it is in the best interests of the corporation. The board shall consider whether the terms of the proposed transaction are fair and reasonable to the organization and whether it would be possible, with reasonable effort, to find a more advantageous arrangement with an entity that is not an interested party.

Approval by the disinterested members of the board of directors shall be by vote of a majority of directors in attendance at a meeting at which a quorum is present. An interested party shall not be counted for purposes of determining whether a quorum is present, or for purposes of determining what constitutes a majority vote of directors in attendance.

The minutes of the meeting shall reflect that the conflict disclosure was made, the vote taken and, where applicable, the abstention from voting and participation by the interested party.

#### Violations of Conflict of Interest Policy

If the board of directors has reason to believe that Staff has failed to disclose an actual or potential conflict of interest, it shall inform the person of the basis for such belief and take the appropriate action.

By: 

Education Manager/Senior Homeownership Advisor

**PRIVACY POLICY AND PRACTICES OF  
NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE, INC.**

We at Neighborhood Housing Services of Baltimore, Inc., value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

**Information We Collect**

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

**Information We Disclose**

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

**To Whom Do We Disclose**

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. *Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

**Confidentiality and Security**

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

**Directing Us Not to Make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form. Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

Box 1 - **Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.**

Box 2 – **Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.**

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**If you have checked any of the boxes above,  
Please mail this form in a stamped envelope to:**

Neighborhood Housing Services of Baltimore, Inc.  
819 Park Avenue  
Baltimore, MD. 21201

**Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.**



# Household Budgeting Worksheet

Name \_\_\_\_\_ DATE \_\_\_\_\_

Name \_\_\_\_\_ DATE \_\_\_\_\_

## Total Monthly Net Income

Source \_\_\_\_\_

Source \_\_\_\_\_

Source \_\_\_\_\_

**Total Monthly 'Spendable' Income**

## Monthly Payments

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## Housing Expenses

Rent or 1<sup>st</sup> Mortgage pmt..

Rent or 2<sup>nd</sup> Mortgage pmt.

Utilities

Condominium/HOA Fee/Ground Rent

Renter's Insurance/Alarm System

Water and Sewer

**Total**

## Monthly Payments

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## Auto Expenses

Gas

Insurance

Maintenance

Tolls, EZ Pass, Parking

**Total**

## Monthly Payments

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## Consumer Debts

Creditor #1 \_\_\_\_\_

Creditor #2 \_\_\_\_\_

Creditor #3 \_\_\_\_\_

Creditor #4 \_\_\_\_\_

Creditor #5 \_\_\_\_\_

**Total**

## Monthly Payments

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

### Discretionary and Other Expenses

### Monthly Payments

Church Tithes & Offerings	\$ _____
Other Charitable Contributions	\$ _____
Groceries	\$ _____
Lunches, Meals Out	\$ _____
Childcare	\$ _____
School Tuition/Supplies	\$ _____
School Activities	\$ _____
Medical Bills and Co-Pays	\$ _____
Prescription Medicines	\$ _____
Pet Supplies & Vet Exams	\$ _____
Entertainment (Alcohol, Books, Music, Movies, Vacation, Sports, Concerts, etc.)	\$ _____
Newspaper, Magazine Subscriptions	\$ _____
Cable	\$ _____
Landline Phone	\$ _____
Cell Phone	\$ _____
Internet	\$ _____
Clothing	\$ _____
Personal Care Items (toiletries, etc.)	\$ _____
Hair care, Nails etc	\$ _____
Gifts, Holidays	\$ _____
Memberships, Union Dues	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

### Monthly Expense Totals

### Monthly Payments

Housing	\$ _____
Auto	\$ _____
Consumer Debts	\$ _____
Discretionary and Other Expenses	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>

### Monthly Surplus or Shortage

(Total Spendable Income *minus* Total Expenses) \$ \_\_\_\_\_

**TIP: The monthly Surplus is the amount available for savings. If there is a shortage or break even, you must reduce your discretionary spending. Purchasing at an affordable level, setting goals and establishing reserve savings for emergencies and unexpected changes in income is the key to sustaining home ownership.**