

General Information and Intake Form

Complete as much information as possible. Please Print.

REFERRAL SOURCE (How did you hear about us?) Referred By: _____			
<input type="checkbox"/> Lender <input type="checkbox"/> Builder <input type="checkbox"/> Realtor <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other: _____			
Are You a First Time Homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you know what area you would like to purchase?			
<input type="checkbox"/> City of Troy <input type="checkbox"/> Rensselaer County <input type="checkbox"/> Outside of Rensselaer County <input type="checkbox"/> Undecided right now			
How soon would you like to purchase?			
<input type="checkbox"/> 0 - 3 months <input type="checkbox"/> 3 - 6 Months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> Undecided right now			
Current Household Type: <input type="checkbox"/> Single Parent <input type="checkbox"/> Single Adult <input type="checkbox"/> 2 or more Adults <input type="checkbox"/> Other: _____			
Marital Status (please circle): Married Single Divorce Separated Widowed			
Household Size: _____ Number of Adults: _____ Number of Dependents: _____			
Is anyone in the household disabled? <input type="checkbox"/> Yes, Self <input type="checkbox"/> Yes, Dependent <input type="checkbox"/> No			

CLIENT INFORMATION							
Last Name:		First Name:		MI:	Social Security No:		
Date of Birth:		Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		US Born? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address with Apt#:			City:		State:		Zip Code:
Mailing Address (If Different):							
Daytime Phone: (Cell/Work/Home)				Email:			
Race: (Please Check One or more)							
<input type="checkbox"/> White, not of Hispanic Origin		<input type="checkbox"/> Hispanic		<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Black, not of Hispanic Origin		<input type="checkbox"/> Asian/Pacific					
Highest Education Completed:							
<input type="checkbox"/> Below High School		<input type="checkbox"/> 2 year College or Trade School		<input type="checkbox"/> Masters		<input type="checkbox"/> Above Masters	
<input type="checkbox"/> High School or Equiv		<input type="checkbox"/> 4 year Degree					

2ND CLIENT INFORMATION							
Last Name:		First Name:		MI:	Social Security No:		
Date of Birth:		Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		US Born? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Daytime Phone: (Cell/Work/Home)			Email:				
Race: (Please Check One or more)							
<input type="checkbox"/> White, not of Hispanic Origin		<input type="checkbox"/> Hispanic		<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Black, not of Hispanic Origin		<input type="checkbox"/> Asian/Pacific					
Highest Education Completed:							
<input type="checkbox"/> Below High School		<input type="checkbox"/> 2 year College or Trade School		<input type="checkbox"/> Masters		<input type="checkbox"/> Above Masters	
<input type="checkbox"/> High School or Equiv		<input type="checkbox"/> 4 year Degree					

General Information and Intake Form (cont.)

Do you currently Rent? <input type="checkbox"/> No, living with family/friend <input type="checkbox"/> Yes: Monthly Rent is \$ _____ Do you receive Section 8 assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes: How Much \$ _____ Condition of Vehicle: _____ Contract Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No Selling Price: \$ _____ Realtor: _____ Do you pay child support? <input type="checkbox"/> No <input type="checkbox"/> Yes: How Much Monthly \$ _____ Are you current? <input type="checkbox"/> Yes <input type="checkbox"/> No

Income Information

Employment Income: Client 1 or Client 2 Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Total Each Period: \$ _____ Annual Salary: \$ _____ or Hourly Rate: \$ _____	Employer Name: _____ Address: _____ Position: _____
Employment Income: Client 1 or Client 2 Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Total Each Period: \$ _____ Annual Salary: \$ _____ or Hourly Rate: \$ _____	Employer Name: _____ Address: _____ Position: _____
Employment Income: Client 1 or Client 2 Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Total Each Period: \$ _____ Annual Salary: \$ _____ or Hourly Rate: \$ _____	Employer Name: _____ Address: _____ Position: _____
Employment Income: Client 1 or Client 2 Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Total Each Period: \$ _____ Annual Salary: \$ _____ or Hourly Rate: \$ _____	Employer Name: _____ Address: _____ Position: _____

Other Income:			
Social Security:	Monthly Amount: \$ _____	Pension:	Monthly Amount: \$ _____
Unemployment:	Weekly Amount: \$ _____	Investment Income	Monthly Amount: \$ _____
Alimony:	Monthly Amount: \$ _____	Veterans Benefits	Monthly Amount: \$ _____
Child Support:	Monthly Amount: \$ _____	Other Income	Monthly Amount: \$ _____

DEBT INFORMATION (if known)

	Est. Balance Remaining	Monthly Payment	Status
1. Credit Card Debt			<input type="checkbox"/> Current <input type="checkbox"/> Delinquent/Collection
2. Car Loan(s)			<input type="checkbox"/> Current <input type="checkbox"/> Delinquent/Collection
3. Student Loan(s)			<input type="checkbox"/> Current <input type="checkbox"/> Deferred <input type="checkbox"/> Delinquent
4. Personal Loan(s)			<input type="checkbox"/> Current <input type="checkbox"/> Delinquent/Collection
5. Collections			
Totals	\$ _____	\$ _____	

Have you filed bankruptcy in the last 10 years?

YES	NO	CLIENT 1: Chapter 7 Chapter 13 Discharge Date: _____	CLIENT 2: Chapter 7 Chapter 13 Discharge Date: _____
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Cash/Savings/Investments to be used for Purchasing a Home (If known):

Client 1	Client 2
\$ _____	\$ _____

By signing below I certify that all the above information is correct, accurate and true to the best of my knowledge. I understand that false or misleading information may be grounds for the rejection as a client. Furthermore, I understand that the completion of this form is not an application, but does signify my interest in participating in RCHR/TRIP NeighborWorks® HomeOwnership Center's Pre-Purchase Program.

Client	Date
2 nd Client	Date

SUPPORTING DOCUMENT CHECKLIST

Please bring copies of the following documentation and/or fees to your upcoming counseling session. Effective on January 7, 2015 there is a charge of \$5 for copies made in office. If you have any questions concerning the information requested, please contact us at (518) 690-0020.

REQUIRED MATERIALS:

- _____ Completed Income and Spending Plan (Attached)
- _____ \$18.40 Credit report fee per person or a tri-merge credit report with FICO® scores no more than 30 days old.
- _____ Proof of Income
 - One month of pay stubs
 - SSI/Disability award letter
 - Retirement Statement
 - Alimony and Child Support Documentation
- _____ Last three months Banking Statements
 - Checking and
 - Savings
- _____ Last 2 years of Federal Taxes
- _____ Last 2 years of W-2's
- _____ Divorce Decree or Separation Documents
- _____ Bankruptcy Documentation
- _____ Other: _____
- _____ Other: _____

Income and Spending Plan

Spending Group	Money Out & Savings Categories	Monthly Target Amt.	Actual Amt. Per Month	Periodic Expenses
<u>Savings</u>	Savings / Investments			
	First Home Club			
<u>Medical</u>	Medical Insurance			
	Co-Pays/Doctors			
	Non-Prescription Medication			
	Medication Prescribed			
	Veterinary			
<u>Education</u>	Student Fees			
	Tuition			
	Books			
	Supplies			
<u>Entertainment</u>	Cable / Satellite TV			
	Movies / Shows			
	Literature/Newspapers/Mags.			
	Travel Fares & Lodging			
<u>Housing</u>	Rent / Leases			
	Mortgage / Home			
	Furnishings			
	Home Repairs			
	Home Improvements			
	Insurance – Home/Renters			
	Utilities – Heat / Power			
	Utilities – Water/Sewer/Garbage			
	Cell Phone(s)			
	Telephone/Fax			
	Internet			
	Lawn Care/Snow Removal			
<u>Food</u>	Groceries			
	Meals Out			
	Kids Lunch			
	Pet Supplies			

OVER

Income and Spending Plan

Cont'd

Spending Group	Money Out & Savings Categories	Monthly Target Amt.	Actual Amt. Per Month	Periodic Expenses
<u>Personal Care</u>	Hair Cuts			
	Grooming			
	Laundry/Dry Cleaning			
<u>Transportation</u>	Auto Loan 1			
	Auto Loan 2			
	Gas/Oil			
	Auto Repir(s)			
	Insurance			
	Parking/Tolls			
	License/Registration			
	Auto Cleaning			
<u>Other</u>	Bank Charges			
	Child Care			
	Postage/Shipping			
	Gifts			
	Life Insurance			
	Misc. Money			
	Charitable Contributions			
	Credit Card 1			
	Credit Card 2			
	Credit Card 3			
	Credit Card 4			
	Credit Card 5			

TOTAL MONEY OUT / SAVINGS		
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		Monthly Target Amt.	Actual Amt. Per Month
INCOME	Wages/Salary 1		
	Wages/Salary 2		

TOTAL MONEY IN		
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CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, **Troy Rehabilitation & Improvement Program, Inc**("Counselor") for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Date: _____

(Signature)

(Print Name)

Date: _____

(Signature)

(Print Name)



Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Troy Rehabilitation & Improvement Program, Inc. (TRIP) is a nonprofit, HUD-approved comprehensive housing counseling agency. TRIP's sister organization Rensselaer County Housing Resources (RCHR) is also a nonprofit, housing counseling agency. TRIP is a New York State Neighborhood Preservation Company, was fully chartered as a NeighborWorks Organization in 1992 and was certified by the US IRS as a "501(c)3" in April 1969. RCHR is a New York State Rural Preservation Company and was certified by the US IRS as a "501(c)3" in 1988.

TRIP and RCHR have been assisting residents with their housing needs since 1968 and 1987, respectively. We provide education workshops and housing counseling including pre-purchase, foreclosure prevention, and non-delinquency post-purchase counseling. We also offer a variety of housing related services including affordable apartment rentals, first-time homebuyer down payment assistance, and home improvement deferred payment loan programs. TRIP also provides assistance to local governments for community planning efforts and community facility projects.

We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor TRIP/RCHR employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying TRIP or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
Termination of Services: Failure to work cooperatively with your housing counselor and/or TRIP will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.	

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Initials

Agency Conduct: No TRIP or RCHR employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.



Program Disclosure Form

Agency Relationships: TRIP has financial affiliation with HUD, NeighborWorks America, the State of New York, City of Troy, and banks including First Niagara, M&T, Pioneer, NBT, SEFCU, Capital Communications FCU, Sunmark FCU, Trustco Bank, Citizens Bank, Key Bank, and Capital Bank. RCHR has a financial affiliation with the State of New York, Rensselaer County, and banks including First Niagara, M&T, Pioneer, NBT, SEFCU, Capital Communications FCU, Citizens Bank, Sunmark FCU, Trustco Bank, and Capital Bank. TRIP & RCHR have a professional affiliation with USDA Rural Development and the State of NY Mortgage Agency (SONYMA). As a housing counseling program participant, you are not obligated to use the products and services of TRIP, RCHR, or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: TRIP has a first-time homebuyer program developed in partnership with the Federal Home Loan Bank of NY involving the following banks: First Niagara, M&T, Pioneer, NBT, SEFCU, Capital Communications FCU, Sunmark FCU, and Capital Bank. However, you are not obligated to participate in this or other TRIP programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) for first-time homebuyer loan programs, and State of NY Mortgage Agency (SONYMA) for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by TRIP, RCHR, and its exclusive partners and affiliates.

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Initials

Privacy Policy: I/we acknowledge that I/we received a copy of our Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree our employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in TRIP counseling; and I hereby release and waive all claims of action against TRIP and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, TRIP, RCHR, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with TRIP and RCHR grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to TRIP & RCHR's Program Disclosures.

Name 1 Signature _____ Date _____ Counselor Signature _____ Date _____

Name 2 Signature _____ Date _____



Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Troy Rehabilitation & Improvement Program, Inc. (TRIP) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does TRIP collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to TRIP employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct TRIP to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit TRIP's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that TRIP/RCHR make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that TRIP/RCHR will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting TRIP/RCHR

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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RELEASE: I hereby authorize TRIP/RCHR to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

_____ Name 1 (Printed)	_____ Signature	_____ Date	_____ Name 2 (Printed)	_____ Signature	_____ Date
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AUTHORIZATION AND RELEASE OF INFORMATION

I/We, _____, authorize the release of information to/from _____ regarding my current financial situation and any related information in anticipation of preparation to purchase a home.

I authorize TRIP, Inc. / Rensselaer County Housing Resources to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) request tax transcripts and/or Income Transcripts (i.e. W-2, 1099, or 1098 forms) from the IRS to verify income;
- (c) request verification of employment from my/our employer(s);
- (d) Discuss information on my (our) credit history, financial situation, employment or related matters with representatives of other firms or agencies if the procedures are necessary in assisting me (us) with my (our) housing issue(s). I understand that my (our) personal circumstances will be treated as totally confidential and that no information will be divulged to any party that is not involved in this situation.
- (e) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We have voluntarily agreed to participate in housing counseling with an attempt to review my credit, savings, and budgeting situation to ensure that I am prepared financially if I decide to go forward with purchasing a home. I understand that this exchange of information is necessary to assist with my housing situation. I further understand that this information will be kept confidential between the agencies and no information regarding my personal circumstances will be divulged to any party who is not directly involved in my case.

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.

Customer

Date

Co-Applicant

Date

