



“Building Successful Families and Communities through Housing Opportunities.”

Neighborhood Housing Services of San Antonio | Ph. 210-533-6673 | nhsofsa.org

HOUSING COUNSELING INTAKE FORM

Instructions: In order to confirm your housing counseling appointment, please complete this intake form and provide supporting documentation at least 3 business days before your scheduled appointment date. If you have a disability, language barrier, or require an alternative means of completing this intake please talk to NHSSA staff about arranging alternative accommodations.

NHSSA Staff Complete	Date
	Client #

Client A Personal and Demographic Information

Name:	SSN:	Date of birth:
Street Address:	City:	State: Zip Code:
Home Ph:	Cell. Ph:	E-mail:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-conforming / Other		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Disabled Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what country?		
Race: <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other		
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic		
Education: <input type="checkbox"/> Below High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College <input type="checkbox"/> Junior or Vocational College <input type="checkbox"/> Master's Degree or above		
Household Size:	 Annual Household Gross Income: \$	
How many dependents live in your household?	 What are their ages?	
How many non-dependents live in your household? What are their relationships to you?		
I was referred to NHSSA programs by: <input type="checkbox"/> Lender <input type="checkbox"/> Realtor <input type="checkbox"/> Government Agency <input type="checkbox"/> Internet <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Family <input type="checkbox"/> Advertisement <input type="checkbox"/> Social Media <input type="checkbox"/> Staff/ board member <input type="checkbox"/> Other		

Housing Status

Current Housing Arrangement: <input type="checkbox"/> Renting <input type="checkbox"/> Living with friend/ family (not paying) <input type="checkbox"/> Homeowner w/ mortgage <input type="checkbox"/> Homeowner with mortgage paid <input type="checkbox"/> Homeless <input type="checkbox"/> Other
Number of years at current housing arrangement:
If renting, do you receive a rental subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, through which program?
Are you delinquent on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Months Delinquent:
Do you meet the definition of a first-time homebuyer? A first-time homebuyer does not currently own a home and has not owned a home within the past 3 years. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken a Homebuyer Education Class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of class:
Do you have a contract on a house at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you working with a real estate agent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Client B Personal and Demographic Information

Name:	SSN:	Date of birth:	
Street Address:	City:	State:	Zip Code:
Home Ph:	Cell. Ph:	E-mail:	
Relationship to Client A:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-conforming / Other		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Disabled Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what country?			
Race: <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic			
Education: <input type="checkbox"/> Below High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College <input type="checkbox"/> Junior or Vocational College <input type="checkbox"/> Master's Degree or above			

Client A Employment

Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled, Receiving Benefits	
Primary Employer:	Hire Date:
Title:	Gross Income:
Is this amount paid: <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	
Secondary Employer:	Hire Date:
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed	
Title:	Gross Income:
Is this amount paid: <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	

Client B Employment

Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled, Receiving Benefits	
Primary Employer:	Hire Date:
Title:	Gross Income:
Is this amount paid: <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	
Secondary Employer:	Hire Date:
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed	
Title:	Gross Income:
Is this amount paid: <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> every 2 weeks <input type="checkbox"/> twice a month <input type="checkbox"/> monthly	

Income – Please list the monthly amount of income you obtain from each source and answer applicable questions.

Type of Income	Client A	Client B	
Salary	\$	\$	How long will you continue to receive child support/ alimony? _____
Alimony/ Child Support	\$	\$	
Social Security	\$	\$	If your child or family member receives SSI, how many more years will the payments continue? _____
Dependent SSI Income	\$	\$	
Public Assistance	\$	\$	If you receive disability income, is it for a permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Income	\$	\$	
Pension Income	\$	\$	
Self-employment Income	\$	\$	Regarding other employment, have you worked in this field for two years or more? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Income	\$	\$	
Other Employment	\$	\$	

Debt / Liabilities – Please list any debt you have, including credit card, auto loan, student loan, personal loan, alimony, and child support payments. DO NOT include rent or utilities.

Paid To	Monthly Payment	Current Balance	
	\$	\$	Have you been making your debt payments on time? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	
	\$	\$	Are you currently in Chapter 13 bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did it begin? _____ How much is the payment? _____ When will it be paid out? _____
	\$	\$	
	\$	\$	
	\$	\$	If you have had Chapter 7 bankruptcy in the past, when was is discharged? _____
	\$	\$	
	\$	\$	
	\$	\$	

Assets

Checking Account	\$
Savings Account	\$
Retirement Account	\$
Cash	\$
Securities (stocks, bonds)	\$
Other Liquid Funds	\$

Basic Monthly Living Expenses

Current monthly rent or mortgage	\$
Electric/Gas	\$
Water/ Sewage	\$
Cell Phone/ Telephone	\$
Internet	\$
Transportation (gasoline, bus fare)	\$
Childcare	\$
Other:	\$
Other:	\$

Mortgage Information for Foreclosure Prevention or Post-Purchase Counseling

Complete this section **ONLY** if you have an existing mortgage and are seeking post-purchase or foreclosure prevention counseling.

	First Mortgage	Second Mortgage (if applicable)
Is loan current or delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Date of Last Payment		
Loan Type	<input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> Private <input type="checkbox"/> GSE (Fannie Mae or Freddie Mac) <input type="checkbox"/> VA <input type="checkbox"/> USDA <input type="checkbox"/> Other	<input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> Private <input type="checkbox"/> GSE (Fannie Mae or Freddie Mac) <input type="checkbox"/> VA <input type="checkbox"/> USDA <input type="checkbox"/> Other
Mortgage Servicer Name		
Date Loan Made		
Loan Number		
Original Loan Amount		
Loan Balance	\$	\$
Interest Rate	%	%
Interest Rate Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable
Monthly Mortgage Payment (including principal interest, taxes, and insurance)	\$	\$
Past Due Amount	\$	\$
Reason for Default (select all that apply)	<input type="checkbox"/> Decrease in Income <input type="checkbox"/> Job Loss <input type="checkbox"/> Divorce/Marital Separation <input type="checkbox"/> Disability <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Increase in Expenses <input type="checkbox"/> Other:	
Did you benefit from the foreclosure moratoria during the COVID-19 pandemic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied for a loan modification or forbearance? If so, please provide details on the result of that effort.	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Result:	
Has your hardship ended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this the first time you have ever fallen behind	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have the ability and willingness to resume payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any outstanding judgements against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Housing Counseling Goals

What are your housing goals? / What would you like to accomplish during your session with the housing counselor?

Documents Required for Housing Counseling Appointment

In order to confirm your appointment, NHSSA must receive copies of the following documents within 3 business days of your scheduled appointment.

If you hold an existing mortgage or will apply for a mortgage jointly, please include copies of the co-applicant's documents as well. You may submit these to your housing counselor via e-mail or drop off these copies and this completed intake at NHSSA's Homeownership Center located at 847 Steves Ave., San Antonio, TX 78210.

1. Copy of Picture ID or Driver's License
2. Copies of 2 most recent pay stubs from all employers
3. Copies of 2 most recent bank statements
4. Copy of most recent federal tax return
5. Copies of proof of other income such as child support or award letters (SSI, Pension, etc.)

Additional documents required for foreclosure prevention counseling ONLY.

1. Current month mortgage statement.
2. Hardship letter



NEIGHBORHOOD HOUSING SERVICES OF SAN ANTONIO, INC.

851 Steves Avenue
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 Tel. (210) 533-6673
 NMLS#337024
 www.nhsofsa.org

AUTHORIZATION

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: Neighborhood Housing Services of San Antonio is a nonprofit, HUD-approved housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, post-purchase, and rental counseling. 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 NHS of San Antonio 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 NHS of San Antonio 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 NHS of San Antonio will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.	
Client Initials		

Agency Conduct: No NHS of San Antonio 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.

Agency Relationships: As a housing counseling program participant, you are not obligated to use the products and services of NHS of San Antonio or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: NHS of San Antonio has a first-time homebuyer program developed in partnership with various lending institutions. However, you are not obligated to participate in this or other NHS of San Antonio programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities



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for 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,

Authorization to Obtain Credit and Release Information to 3rd Parties

You hereby authorize Neighborhood Housing Services of San Antonio and/or its assigned agents to:

1. Obtain and review your credit report at the time of intake, and two additional times to conduct program evaluations. Your credit report will be obtained from a credit reporting agency chosen by NHS of San Antonio. You understand and agree that NHS of San Antonio intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchasing counseling activities. In order to help NHS of San Antonio determine your viable financial options, you hereby authorize NHS of San Antonio to share your credit report and any information that you provided (including any computations and assessments produced) with entities including lenders, banks, mortgage servicers, debt collectors, landlords, public housing authorities, Federal, state, and local government agencies, property management companies, social service agencies, and counseling agencies.
2. Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees); and
3. Release your information for program monitoring of NHS of San Antonio, including but not limited to, Federal, State and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. NHS of San Antonio received Congressional funds through the Housing Stability Counseling Program (HSCP) and as such, is required to submit client level information to the online reporting system and share some of your information with HSCP administrators or their agents for purposes of program monitoring, compliance, and evaluation.

Entities such as mortgage lenders and/or counseling agencies may contact your NHS of San Antonio counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your NHS of San Antonio Counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

Finally, you understand that you may opt out or revoke consent to these disclosures by notifying NHS of San Antonio in writing or by calling (210) 533-6673.

Name 1

Signature

Date

Name 2

Signature

Date



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DUAL AGENCY DISCLOSURE

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.

Dual Agency

The following is a disclosure notice. This notice informs you of Neighborhood Housing Services of San Antonio's (NHS) various roles as a lender of money, a builder of homes, an owner of homes, and a homebuyer counselor. By signing this form, you are acknowledging that you have been made aware of NHS's different roles as a lender, builder, property owner, and housing counselor.

All homebuyers that receive financial assistance from NHS are required to receive homebuyer-counseling services from NHS. They are not, however, required to buy an NHS built home. NHS is a builder and owner of properties for sale to qualified homebuyers. While the NHS Housing Counselor will offer information to you about these homes, you are not obligated to purchase their properties in order to receive financial assistance from NHS.

Your Rights Under Dual Agency

As a non-profit affordable housing builder and owner of single-family residential houses, NHS builds houses for sale and owns other residential real property for sale. In this capacity, NHS's primary responsibility is to itself as the seller of real property.

It is the responsibility of a Housing Counselor of NHS to prepare you for home ownership. In this capacity, NHS's primary responsibility is to you. Therefore, it is important for you to know that you are not obligated to purchase a home owned by NHS as a condition of receiving counseling services from NHS. You are only obligated to receive counseling services from NHS if we lend you money to purchase a home. By making this disclosure, NHS wishes to obtain your informed consent to operate in a dual agency capacity.

It is the duty of the Housing Counselor to get you ready to buy a home, it is your choice to select the home that you want to buy. That home may be an existing home owned by anyone, a newly built home by NHS, an existing home owned by NHS, or a newly constructed home built by another builder. In addition, you have the choice of selecting a licensed real estate agent or broker who will represent only your interest in the transaction.

Because NHS of San Antonio receives federal funds that, are in turn, lent to you in the form of financial assistance toward home ownership, and because NHS is also a builder and owner of homes, NHS has a duty to inform you of the choices that you have in selecting a home.

Consent to Dual Agency

By signing below, you acknowledge that you have received and read this disclosure notice. Finally, by signing below, you consent to the dual agency.

Name 1

Signature

Date

Name 2

Signature

Date

PRIVACY POLICY

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Neighborhood Housing Services of San Antonio (NHS of San Antonio) 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. Your nonpublic personal information such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors, program monitors, and others only with your authorization on NHS of San Antonio's Authorization Agreement. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review 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 publicly 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 NHS of San Antonio 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, 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.



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How is your personal information secured?

We restrict access to your nonpublic personal information to NHS of San Antonio 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 NHS of San Antonio 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 NHS of San Antonio's ability to provide services such as foreclosure prevention counseling.** If you choose to opt-out, please sign below under the "Opt-Out" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that NHS of San Antonio 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 NHS of San Antonio will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting NHS of San Antonio at (210) 533-6673.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date