



Neighborhood Housing Services of Baltimore, Inc.

819 Park Avenue Baltimore, Maryland 21201
Phone (410) 327-1200 Fax (410) 675-1855
Website: www.nhsbaltimore.org

Dear Prospective Homeowner,

Date: _____

Thank you for choosing Neighborhood Housing Services of Baltimore for your home purchase and financial needs! You are taking important steps toward sustainable homeownership. To request an individual counseling appointment with a certified Homeownership Advisor, we ask that you provide information to us about you and your home purchase plans. Please complete the client information form, checkmark the acknowledgement authorization statements at the bottom of page 2 and complete the budget form. You may submit these documents directly to the NHS of Baltimore NeighborWorks Homeownership Center Advisor directly at housingadvisors@nhsbaltimore.com.

We will also need income, asset and liability information as listed below in the counseling documents checklist in addition to the signed authorization forms started. Upon receipt of these documents, your Homeownership Advisor will contact you to schedule an appointment for your counseling session. We strive to schedule individual counseling sessions to occur within 3 business days of receipt of all counseling documents. You may contact Homeownership Advisors, John Griffin at jgriffin@nhsbaltimore.com, Patricia Hull at phull@nhsbaltimore.com or Rena Somar at rsomar@nhsbaltimore.com with questions. The enclosed NHS of Baltimore Privacy Policy, Complaint, Conflict of Interest Policies and Resource Referral are provided for your information. Please retain these documents for your records.

Counseling Documents Checklist

- Paystubs for last 30 days
- W2 for 2009 and 2010
- Federal tax returns filed for 2009 and 2010 with all attachments
- If self-employed- 3 years tax returns with all attachments
- Checking and savings account statements for last 3 months
- Credit Report Fee – \$14.00 Individual; \$27.00 Joint Report (check or money order payable to NHS of Baltimore, Inc.)
- Driver's license or state issued photo ID
- NHSB Disclosure*
- Hold Harmless and Authorization form*
- Authorization to obtain Credit Report*

Sincerely,

Neighborhood Housing Services of Baltimore, Inc.

Rev. Nov 2011



Client Information Form – Pre-purchase
Please provide information about yourself

Applicant

(1) Full Name _____ DOB _____ SS# _____ Male ___ Female ___
Monthly Rent \$ _____ Number of people in household _____ Ages: _____, _____, _____, _____, _____
US Citizen: Y ___ N ___ Disabled: Y ___ N ___ Veteran: Y ___ N ___ Education: College ___ High School ___
Marital Status: Married ___ Single ___ Divorced ___
Address: _____ City _____ State _____ Zip _____ # of Years _____
Home Phone: _____ Cell Phone (1) _____ (2) _____
Email Address(s): _____
Annual Income \$ _____ Employer _____
Occupation _____ Start Date _____ Years in profession _____
Demographics: Race, Ethnicity, Household Type (Please Check) Head of Household: Yes ___ No ___
___ American Indian/Alaskan Native ___ Asian and White
___ Asian ___ Black/African American and White
___ Black or African American ___ Amer. Indian/Alaskan Native and Black
___ Native Hawaiian/Other Pacific Islander ___ Other
___ White ___ Choose not to answer
___ American Indian/Alaskan Native/White ___ Hispanic Ethnicity? Yes / No (please circle answer)

Co-Applicant

(2) Full Name _____ DOB _____ SS# _____ Male ___ Female ___
US Citizen: Y ___ N ___ Disabled: Y ___ N ___ Veteran: Y ___ N ___ Education: College ___ High School ___
Marital Status: Married ___ Single ___ Divorced ___
Address: _____ City _____ State _____ Zip _____ # of Years _____
Home Phone: _____ Cell Phone (1) _____ (2) _____
Email Address(s): _____
Annual Income \$ _____ Employer _____
Occupation _____ Start Date _____ Years in profession _____
Demographics: Race, Ethnicity, Household Type (Please Check) Head of Household : Yes ___ No ___
___ American Indian/Alaskan Native ___ Asian and White
___ Asian ___ Black/African American and White
___ Black or African American ___ Amer. Indian/Alaskan Native and Black
___ Native Hawaiian/Other Pacific Islander ___ Other
___ White ___ Choose not to answer
___ American Indian/Alaskan Native/White ___ Hispanic Ethnicity? Yes / No (circle answer)

Do you have a ratified contract of sale ? Yes___ No___

Are you seeking Closing Cost and Down Payment assistance ? Yes___ No___

LNW___ DSELP___ HK4E___ CDBG___ Balt. City Emp. Prog.___ Trolley Tour___

Property Address_____

Title Company_____ Phone_____

Settlement Date_____

Loan Officer_____ Company_____

Phone Number_____ Fax_____

Realtor_____ Company_____

Phone_____ Fax_____

Signature Required Below

I/We authorize NHS of Baltimore to obtain the HUD1 closing statement information and to share counseling information with your current mortgage lender (s) and/or mortgage servicer(s).

I/We received a copy of the NHS of Baltimore, Inc. Privacy Policy, Disclosure, Hold Harmless/Authorization Agreement, Complaint Policy and Conflict of Interest Policy, Housing Counseling Agency Referral List

Applicant: _____ **Signature:** _____

Co-Applicant: _____ **Signature:** _____

Household Budgeting Worksheet

NAME(s) _____

Total Monthly Net Income		Gross Income	Net Income
Source _____		\$ _____	\$ _____
Source _____		\$ _____	\$ _____
Total Monthly Income (Gross and Net)		\$ _____	\$ _____

Housing Expenses		Monthly Payments
Rent or 1 st Mortgage pmt.		\$ _____
Rent or 2 nd Mortgage pmt.		\$ _____
Utilities		\$ _____
Condominium/HOA Fee		\$ _____
Renter's Insurance		\$ _____
Water/Sewer		\$ _____
Total		\$ _____

Auto Expenses		
Gas		\$ _____
Insurance		\$ _____
Maintenance		\$ _____
Tolls, EZ Pass, Parking		\$ _____
= Total		\$ _____

Debts		
Creditor #1 _____		\$ _____
Creditor #2 _____		\$ _____
Creditor #3 _____		\$ _____
Creditor #4 _____		\$ _____
= Total		\$ _____

Discretionary Expenses		
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	\$ _____
= Total	\$ _____

Monthly Expense Totals

Housing	\$ _____
Car	\$ _____
Debts	\$ _____
Discretionary	\$ _____
= Total Expenses	\$ _____

Monthly Surplus or Shortage

Total Net Income	\$ _____
<i>minus</i> Total Expenses	\$ _____
Equals Monthly Surplus or Shortage	\$ _____

FFY'2011 AREA MEDIAN FAMILY INCOME LIMITS
VERIFIABLE CERTIFICATION

Income Limits Effective: **May 31, 2011**

Area Median Family Income: **\$84,500.00**

Source: U.S. Department of Housing and Urban Development

In order to qualify as an individual or household eligible to participate in Community Development Block Grant Program (CDBG) assisted activities, you must certify your current family or household annual (gross) income. Please check the income in the box below that accurately indicates the annual (gross) income of your family (for all CDBG non-housing, non-area benefit national objective activities) or household (for all CDBG l/m housing national objective activities).

Baltimore City, MD										
FFY 2011 Income Limit Area	<u>Median Family Income</u>	FFY 2011 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Baltimore City	\$84,500	<u>Extremely Low Income Limits 30% of Median</u>	\$17,750	\$20,300	\$22,850	\$25,350	\$27,400	\$29,450	\$31,450	\$33,500
		<u>Very Low Income Limits 50% of Median</u>	\$29,600	\$33,800	\$38,050	\$42,250	\$45,650	\$49,050	\$52,400	\$55,800
		<u>Low Income Limits 80% of Median</u>	\$44,950	\$51,400	\$57,800	\$64,200	\$69,350	\$74,500	\$79,650	\$84,750

I hereby certify that the information checked above is my current annual family or household income (circle one). The income certified above is subject to verification.

Applicant's Name (Please Print)

Co-Applicant's Name (Please Print)

Applicant's Signature

Date

Co-Applicant's Signature

Date

EFFECTIVE 5/31/2011

Rev. Sept 2011



NHS of Baltimore Disclosure Statement

Neighborhood Housing Services of Baltimore is a nonprofit organization with a mission to create and sustain homeownership in the Baltimore metro region. To assist residents and potential resident of Maryland, we offer the following products and services.

- Lending Products
- Home Buyer Education
- Post Purchase Counseling
- Foreclosure Prevention Counseling
- Post Purchase Counseling
- Financial Fitness

These products are available to any customer that requests it; however, we do not steer or expect any of our customers to utilize these products beyond their initial service. *Clients are not obligated to receive any other services offered by the organization or its exclusive partners.*

Client Statement

I have read the above mentioned disclosure and understand that I am under no obligation or steered toward using any of the above products beyond my initial service.

Applicant Signature

Date

Co-Applicant Signature

Date

Counselor Signature

HOLD HARMLESS AGREEMENT

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

Dated this _____ day of _____, 20__

_____ Applicant (Print name)	_____ Signature	_____-_____-_____ Social Security Number
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_____ Co-Applicant (Print name)	_____ Signature	_____-_____-_____ Social Security Number
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NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE, INC. PRIVACY POLICY AND PRACTICES

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.

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

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 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.

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.

Rev. Sept 2011



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 any way 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.

Complaint Process

Clients of Neighborhood Housing Services of Baltimore, Inc., (NHS), from time to time, may not be completely satisfied with the level of service provided and may wish to file a formal complaint. If the nature of the complaint deals with the services provided by a third party, such as a lender or contractor, then the complaint should be submitted directly to the appropriate party with a copy to NHS. While we are not able to exert influence over third party providers, we are always striving to work with only those businesses that provide the highest quality of service to our clients. Lender complaints can be filed with the Commissioner of Consumer Credit while contractor complaints will be governed by the "Arbitration" clause of the Contract entered into between the contractor and the client.

If your complaint deals specifically with NHS, the following steps must be taken.

You must provide, in writing, a complete explanation outlining the nature of the complaint including any NHS employees involved. You must also provide a phone number where you may be reached during the day should additional questions be necessary.

The written complaint must be delivered, either via mail or in person, to the attention of the Chief Operating Officer of NHS at 819 Park Ave., Baltimore, MD 21201.

Upon receipt of your complaint, the Chief Operating Officer will investigate and respond in writing within ten (10) days.

If your complaint is not resolved to your satisfaction, you may request a review by the Executive Director of NHS.

The request for the Executive Director's review must also be made in writing and delivered to the address listed above.

Upon receipt of the request, the Executive Director will review the complaint and issue a written response within ten (10) days. The decision of the Executive Director shall be viewed as final.

HCA Resources Referral

Homeownership Counseling Agencies

Baltimore City
Office of Homeownership
417 E. Fayette Street, Suite 1125
Baltimore, MD 21202
410-396-3124
www.baltimorehousing.org

Baltimore Urban League
512 Orchard Street, 21201
410-523-8150 / Fax 410-523-4022

Belair-Edison Housing Services
3412 Belair Road, 21213
410-485-8422 / Fax 410-485-0728

Centro De La Comunidad
3021 Eastern Avenue, 21224
410-675-8906 / Fax 410-675-3146

Comprehensive Housing Asst. Inc.
5721 Park Heights Avenue, 21215
410-466-1990 x211 /
Fax 410-466-1996

Development Corporation of NW Baltimore
3521 W. Belvedere Avenue, 21215
410-578-7190 / Fax 410-578-7193

Druid Heights CDC
2140 McCulloh Street, 21217
410-523-1350 / Fax 410-523-1374

Garwyn Oaks Housing Resource Center
2300 Garrison Blvd., Ste. 211, 21216
410-947-0084 / Fax 410-542-9055

Harbel Housing Partnership
5807 Harford Road, 21214
410-444-9152 / Fax 410-444-9181

Making Choices For Independent Living
3011 Montebello Terrace, 21214
410-444-1400 / Fax 410-444-0825

NHS of Baltimore
819 Park Ave., 21201
410-327-1200
www.nhsbaltimore.org

Oliver Economic Development Corporation
1400 E. Federal Street, 21217

Rev. Sept 2011

410-685-0330 / Fax 410-685-0711
denise.kelly@habc.org

Reservoir Hill Improvement Council
2001 Park Avenue, 21217
410-225-7547 / Fax 410-225-7455

Southeast CDC
3700 Eastern Avenue, 21224
410-342-3234 / Fax 410-342-1719

St. Ambrose Housing Aid Center
321 E. 25th Street, 21218
410-366-8550
www.stambros.org



EQUAL HOUSING
OPPORTUNITY