

Housing Authority of the City of Perth Amboy

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DOUGLAS G. DZEMA, P.H.M.
Executive Director

EDWARD TESTINO
Counsel

Dear Applicant:

Thank you for your interest in the Housing Authority of the City of Perth Amboy Housing Counseling Program. We are excited that you selected us to assist you with your housing counseling needs.

Our homeownership program is a community-based program for low and moderate income families seeking the opportunity to purchase a home. We aim to provide you with the information necessary to select the best partners in the home buying process and ultimately obtain the best financing possible and a home you can afford. The program provides the following services:

- Provides credit, budgeting and homeownership workshops for program participants.
- Prepares potential homebuyers with the tools necessary to complete a mortgage application.
- Assist homebuyers in identifying a reputable real estate agent to identify affordable properties to purchase.
- Provides action plans for long term clients with credit issues to become credit worthy.
- Provides financial assistance and referrals to individuals who require down payment and closing cost assistance.
- Provides and sponsors community meetings to inform low and moderate income families about our home buying program.
- Provide home improvement counseling and alternative funding for individuals who already own a home.
- Provide follow-up counseling for first time homebuyers.
- Provide default and delinquency resolution counseling (crisis counseling)
- Provide foreclosure prevention workshops

Group and one-on-one counseling is provided in English and Spanish at our office located at 881 Amboy Avenue, in Perth Amboy, NJ. Counseling sessions are free of charge. There is a minimal fee to obtain your credit reports with scores and for workshop materials.

Please complete the Customer Intake Form and mail to Eugenia E. Hill at the address listed above. Once reviewed a counselor will schedule and appointment to meet with you in our office.

The Housing Authority of the City of Perth Amboy provides housing counseling services to all individuals. We do not discriminate based on disability, race, color, national origin, religion, sex, and familial status. We look forward to helping you accomplish your goals!

Sincerely,
Eugenia E. Hill
Homeownership Program Director



Homeownership Intake Form

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____ Number of years _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

Please contact me at home cell work email _____
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:)

Hispanic: Yes _____ No _____ Preferred Language _____ Spanish _____ English _____

Immigrant Status (please select one):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents foreign born
- 3. You are foreign born _____ Citizen _____ Permanent Resident
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family member and not paying rent
- 5. Homeowner with mortgage paid off

I currently have a _____ *Section 8 Voucher* _____ *I live in Public Housing* _____ *I have no assistance*

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years *Please Print Clearly*

Primary Employer: _____

Title *Hire Date*

Street *City* *State* *Zip Code*

Phone: (____) _____

Part-Time or Full-Time *(Please Circle)*

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title *Length of Employment*

Street *City* *State* *Zip Code*

Phone: (____) _____

Part-Time or Full-Time *(Please Circle)*

Continue listing previous employers on a separate sheet of paper.

Secondary Employer (for applicant working two jobs): _____

Title *Hire Date*

Street *City* *State* *Zip Code*

Phone: (____) _____

Part-Time or Full-Time *(Please Circle)*

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title *Hire Date*

Street *City* *State* *Zip Code*

Phone: (____) _____

Part-Time or Full-Time *(Please Circle)*

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: (for applicant working two jobs): _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME

Please Print Clearly

<i>Type of Income</i>	<i>CUSTOMER Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

CUSTOMER

CO-APPLICANT

Can you document your child support/alimony income?
If yes, how long will it continue?

Yes No

Yes No

If your child or a family member receives SSI,
how many more years will the payments continue?

If you receive disability income,
is it for a permanent disability?

Yes No

Yes No

Regarding other employment, have you worked
in this field for two years or more?

Yes No

Yes No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Have your payments been made on time?</i>				
<i>Are you currently in Chapter 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account (Name of Bank)		
Savings account (Name of Bank)		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle)

Yes No

If yes, how much? \$ _____

SERVICES REQUESTING**Check All That Apply**

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Financial Management/Budgeting		
Credit Repair		
First Time Homebuyers Education		
Post-Purchase		
Mortgage Delinquency and Default Counseling		
Other (Please be specific)		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	___ <i>AM</i>	___ <i>PM</i>		

AUTHORIZATION

I authorize the Housing Counseling Agency 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) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) 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.
- (d) Share my information with HUD if requested for agency performance reviews to ensure program compliance.

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

