



12972 San Pablo Ave tel: 510.237.6459  
Richmond, CA 94805 fax: 510.237.6482  
www.richmondnhs.org

Dear Future Homeowner:

Thank you for choosing Richmond Neighborhood Housing Services Inc. (RNHS) as your Housing Education & Counseling provider. RNHS is a HUD-approved 501(c)(3) not-for-profit corporation that provides housing counseling dedicated to creating vibrant communities and building assets that make a positive impact in people's lives.

Successful completion of the Pre-Purchase course and the One-on-One counseling session qualifies you for special loans, down payment assistance programs and exclusive listings for first time homebuyers.

To start the process, please provide the following:

1. Complete the attached counseling application.
2. Provide two consecutive months of paycheck stubs or source of income for each applicant.
3. Provide three consecutive months of bank statements from all institutions.
4. If credit is above 620, provide last three years of tax returns with all schedules, W-2's and 1099's for each applicant. **INCLUDE ALL PAGES.**
5. Credit report payment (\$30 per individual or \$55 per couple)

Once completed please sign and date the application and return by using one of the following:

Mail: 12972 San Pablo Ave, Richmond, CA 94805

Email: [tisha@eastbaynhs.org](mailto:tisha@eastbaynhs.org)

Fax: (510) 237-6482

Once your application is processed, we will schedule your initial one-on-one counseling session in person or by telephone with a certified personal counselor.

**NOTE:** If your application is incomplete, this will delay your appointment with a certified personal counselor to guide you every step of the way.

RNHS is looking forward to assisting you in achieving your financial goals. Please feel free to contact us at (510) 237-6459 for any additional questions or concerns.

Sincerely,  
The RNHS Team

A handwritten signature in black ink, appearing to read "M. Bailey", is written over a horizontal line.



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Richmond, CA 94805  
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## PRE-PURCHASE COUNSELING APPLICATION

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CHECK ONE COUNSELING SERVICE REQUEST

☐ Pre-Purchase Counseling ☐ Rental Counseling ☐ Post-Purchase Counseling

☐ Mortgage Delinquency and Default Resolution Counseling ☐ Other \_\_\_\_\_

APPLICANT		CO-APPLICANT	
Please Print Clearly		Please Print Clearly	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Female <input type="checkbox"/> Male	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Last Name, First Name		Last Name, First Name	
Social Security #:		Social Security #:	
Date of Birth:		Date of Birth:	
Address:		Address:	
City, State, Zip Code		City, State, Zip Code	
How Long At This Address: ____ years ____ months		How Long At This Address: ____ years ____ months	
Email Address: Preferred ( )		Email Address: Preferred ( )	
Daytime Phone Number ( ) Work ( ) Home ( ) Mobile Preferred ( )		Daytime Phone Number ( ) Work ( ) Home ( ) Mobile Preferred ( )	
Evening Phone Number ( ) Work ( ) Home ( ) Mobile Preferred ( )		Evening Phone Number ( ) Work ( ) Home ( ) Mobile Preferred ( )	
Estimated Annual Income \$		Estimated Annual Income \$	
<b>Family Composition &amp; Marital Status</b> Check all that apply		<b>Family Composition &amp; Marital Status</b> Check all that apply	
( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widow/er		( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widow/er	
( ) Head of Household ( ) Two or more un-related adults		( ) Head of Household ( ) Two or more un-related adults	
<b>Race / Ethnicity</b> Check all that apply		<b>Race / Ethnicity</b> Check all that apply	
<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other		<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other	
<input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> US Citizen		<input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> US Citizen	
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Permanent Resident	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Foreign Born		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Foreign Born	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Hispanic	
<b>Education &amp; Special Needs</b> Check all that apply		<b>Education &amp; Special Needs</b> Check all that apply	
<input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> Disabled		<input type="checkbox"/> HS Diploma or Equivalent <input type="checkbox"/> Disabled	
<input type="checkbox"/> College <input type="checkbox"/> Veteran		<input type="checkbox"/> College <input type="checkbox"/> Veteran	
<input type="checkbox"/> Master's Degree <input type="checkbox"/> Migrant Farm Worker		<input type="checkbox"/> Master's Degree <input type="checkbox"/> Migrant Farm Worker	
<input type="checkbox"/> None <input type="checkbox"/> Primary language: _____		<input type="checkbox"/> None <input type="checkbox"/> Primary language: _____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<b>Current Housing</b> Check all that apply		<b>Household Composition</b>	
<input type="checkbox"/> Rent <input type="checkbox"/> Homeowner		<input type="checkbox"/> Dependents	
<input type="checkbox"/> Section 8 / Public Housing <input type="checkbox"/> with Mortgage		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____	
<input type="checkbox"/> Living with Family/Friends (not paying rent) <input type="checkbox"/> Mortgage Paid off		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____	
<input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____	
		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____	
		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____	
		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____	
		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____	
		Total in Household: _____	



**Employment Information for the last two years. (Other Income SSI, Child Support, Retirement, etc.)**

Household Member Name	Company Info and Title/ Position Self-Employed	Start & End Dates	Gross Annual Income	Other Income

Have you provided two consecutive months of paycheck stubs or source of income for each applicant? ☐ Yes ☐ No

**Assets Information:**

Cash Assets	Amount / Value	Description of Asset (Financial Name)
Checking Account	\$	
Savings Account	\$	
Stocks / Retirement / IRA accounts	\$	
Cash	\$	
Other	\$	
If down payment available, How much?	\$	Source:

Have you provided three consecutive months of bank statements from all institutions? ☐ Yes ☐ No

Household Composition (Please Include Information About All Who Live in The Home)			
Name	Relationship to Applicant (e.g. child, spouse etc.)	Birth Date (Month, Date, Year)	Age
	Self	/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	



## MONTHLY PARTICIPANT BUDGET

Tell Us About Your Monthly Living Expenses	Applicant	Co-Applicant
Rent	\$	\$
Electric & Gas	\$	\$
Water / Sewer	\$	\$
Garbage	\$	\$
Home phone \$ / Cell phone \$	Total: \$	Total: \$
Cable/Satellite TV \$ / Internet \$	Total: \$	Total: \$
Alarm System	\$	\$
Food and Eating Out	\$	\$
New Clothing \$ / Dry Cleaning \$	Total: \$	Total: \$
Gas \$ / Maint. \$ / Toll \$	Total: \$	Total: \$
Auto Insurance \$ / Public transportation \$	Total: \$	Total: \$
Medical/ Dental/ Life Insurance	\$	\$
Medical bill/ prescriptions	\$	\$
Childcare \$ / Alimony \$ / Child Support \$	Total: \$	Total: \$
School expenses	\$	\$
Uniforms	\$	\$
Newspaper/ subscriptions	\$	\$
Union dues pay out of payroll	\$	\$
Charity/ Tithe/ Gifts	\$	\$
Car Loans payment	\$	\$
Credit Cards payments (list on a separate page)	\$	\$
Student Loans payment	\$	\$
Emergency funds	\$	\$
Savings	\$	\$
Misc.	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
<b>TOTAL LIVING EXPENSES</b>	<b>\$</b>	<b>\$</b>
<b>COMBINED HOUSEHOLD EXPENSES</b>	<b>\$</b>	





## AUTHORIZATION AGREEMENT

- I/we authorize Richmond Neighborhood Housing Services, Inc. (RNHS)<sup>1</sup> and its counselors to:
- (a) Discuss and negotiate my loan application or mortgage status with my lender, attorney, trustee and/or title company;
  - (b) Share statistical information about my transaction with NeighborWorks® America, HUD or other government and private non-profit entities funders in conformance with the privacy act; and,
  - (c) Obtain my/our credit report to review my/our credit file for housing counseling in connection with my Pre-Purchase, credit counseling or Mortgage Delinquency case and for informational inquiry purposes;
  - (d) Obtain a copy of the Closing Disclosure, URLA 1003 Uniform Residential Loan Application, Appraisal, and Real Estate Note(s) from the lender and/or the title company that closed the loan if I purchase, refinance or modify
  - (e) I/ we give permission for RNHS program administrators and/or their agents to follow-up with me the next three years for the purposes of program evaluation;
  - (f) I/we acknowledge that I have received a copy of RNHS' Privacy Policy & Disclosures

Authorization is further granted to RNHS to use a photostatic copy of my/our signatures below, to obtain information regarding any of these items.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may limit RNHS' ability to process your application.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Name of Co-Applicant (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Lender

\_\_\_\_\_  
Loan #

\_\_\_\_\_  
Lender

\_\_\_\_\_  
Loan #

\_\_\_\_\_  
Realtor Name

<sup>1</sup> Richmond Neighborhood Housing Services, Inc, also doing business as Neighborhood Housing Services of the East Bay





## PROGRAM DISCLOSURE

*NOTE: If you have 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:** Richmond Neighborhood Housing Services (RNHS) is a nonprofit, HUD- approved comprehensive housing counseling agency with the following Programs: **Pre-purchase Counseling, Mortgage Delinquency and Default Resolution 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.**

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> <li>• Reviewing your housing goals and financials; which include your income, debts, assets, and credit history.</li> <li>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</li> <li>• Preparing a household budget that will help you manage your debt, expenses, and savings.</li> <li>• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.</li> <li>• Neither your counselor nor RNHS employees, agents, or directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Completing the steps provided to you in your Client Action Plan.</li> <li>• Providing accurate information about your income, debts, expenses, credit, and employment.</li> <li>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</li> <li>• Notifying RNHS or your counselor when changing housing goal.</li> <li>• Attending educational workshop(s) as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>
<div style="border: 1px solid black; padding: 5px; width: 100px; height: 40px; margin: 0 auto;"> <div style="text-align: center; margin-top: 5px;">/</div> <div style="text-align: center; margin-top: 5px;">Initials</div> </div>	<p><b>Termination of Services: Failure to work cooperatively with your housing counselor and/or NHS will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b></p>

**Agency Conduct:** No RNHS 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:** RNHS has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, USDA Rural Development, the State of California, Richmond Redevelopment Agency: Mortgage Assistance Programs, BMR units, Richmond Housing Authority: Subsidized Housing, Section 8-to-Homeownership, Mixed-income developments, HOPE VI; Housing Rights Incorporated: a Fair Housing counseling and mediation (HUD-approved) that provides landlord-tenant, multi-language housing counseling.; Community Housing Development Corporation of North Richmond (HUD-approved counseling Agency and CHDO); Contra Costa County Redevelopment Agency: Emergency Repair Loans; Richmond Community Foundation / Sparkpoint; Foreclosure Prevention and credit counseling Programs; The Unity Council – Oakland (HUD-Approved housing counseling agency); Familias Unidas: a community-based organization dedicated to delivering quality counseling, advocacy, and information services, which include: mental health,



education and prevention, youth development, and HIV/AIDS services to the multicultural communities of Contra Costa County; Office of U.S. Representative Mark DeSaulnier (CD-7 Contra Costa); Office of Supervisor John Gioia (District #1 – Contra Costa County) and The Veterans Resource Program: Veteran temporary shelter and banks including Bank of America, Wells Fargo, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of RNHS or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** RNHS has a first-time homebuyer program developed in partnership with several lenders. However, you are not obligated to participate in this or other NHS 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 Administration (FHA) for first-time homebuyer loan programs, and CAL HFA 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 RNHS and its exclusive partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of RNHS's Privacy Policy.

 \_\_\_\_\_  
Initials

**Errors and Omissions and Disclaimer of Liability:** I/we agree RNHS, its 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 RNHS counseling; and I hereby release and waive all claims of action against RNHS 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, RNHS, 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 RNHS grantors such as HUD.

**I / We authorize RNHS and its counselors to share statistical information about my transaction with HUD or other government and private non-profit entities funders in conformance with the privacy act.**

 Client \_\_\_\_\_

Date \_\_\_\_\_

 Client \_\_\_\_\_

Date \_\_\_\_\_

**I / We acknowledge that I / We received, reviewed, and agree to NHS's Program Disclosures and understand that NHS may receive fees or grants in connection with my transaction. I also acknowledge that I can request a list of current donors and that my counselor will disclose if there is a transaction-based grant or fee or other potential conflict related to the services I / We receive.**

 Client \_\_\_\_\_

Date \_\_\_\_\_

 Client \_\_\_\_\_

Date \_\_\_\_\_



## **PRIVACY POLICY AND PRACTICES OF Richmond Neighborhood Housing Services, Inc.**

We at Richmond Neighborhood Housing Services (RNHS) - 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.

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, organizations and institutions with affiliations to Section 8 programs.

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.

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### 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: CA Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

If you have checked any of the boxes above,  
please mail this form in a stamped envelope to:  
**Richmond Neighborhood Housing Services**  
**12972 San Pablo Ave, Richmond, CA 94805**

_____ Name	_____ Signature	_____ Date	_____ Name	_____ Signature	_____ Date
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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.

RELEASE: I hereby authorize Richmond Neighborhood Housing Services to release nonpublic person information if 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	_____ Signature	_____ Date	_____ Name	_____ Signature	_____ Date
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