



CSNV
Community Services of Nevada

3320 Sunrise Avenue Suite 108 Las Vegas, Nevada 89101
(702) 307-1710 fax (702) 307-1710

CHECK LIST/*Lista de Documentos*

Please plan on bringing the following originals and copies of your documentation and/or fees to your upcoming appointment. If you arrive 15 minutes late your appointment will have to be rescheduled.

Por favor planea en traer originales y copias de los siguientes documentos para su primera cita. Si llega a su cita 15 minutos tarde su cita será pospuesta para otro día.

Complete Application / <i>Complete la Aplicación</i>		
Copy of ID / <i>Copia de su ID</i>		
Bank Statements for Checking and Savings accounts <i>Estado de cuenta de Banco de Cheques y Ahorros</i>	3	Months <i>Meses</i>
Proof of all income in the household <i>Prueba de todo ingreso de la familia</i>	2	Months <i>Meses</i>
All Income tax copies <i>Todas las copias de Declaración de impuestos</i>	2	Years/ <i>Años</i> 2009, 2010
Loan documents signed at closing <i>Documentos firmados de Título a la hora del cierre de su casa</i>		
A letter by client explaining Hardship <i>Carta escrita por el cliente explicando la razón de su dificultad para hacer los pagos de casa</i>		
List of monthly debts <i>Lista de deudas mensuales</i>		
Completed budget <i>Forma completa de plan financiero</i>		
Letters sent by Mortgage Company <i>Cartas mandadas por su Banco acerca de su atraso de pago de Hipoteca</i>		
Last mortgage coupon <i>Ultimo Cupón de Pago de Hipoteca</i>		

Client Name/*Nombre*: _____

Signature/*Firma*: _____

Date/*Fecha*: _____

Counselor/*Consejera*: _____

Level: 1
Level: 2
Level: 3



CSNV

Community Services of Nevada

3320 Sunrise Ave Suite #108

Las Vegas, NV 89101

(702) 307-1710 / Fax (702) 307-1712



CUSTOMER

PLEASE PRINT CLEARLY

Customer _____
First MI Last

Co-Applicant: _____
First MI Last

Street _____

City State Zip Code

Home: (_____) _____ - _____ Work: (_____) _____ - _____

Mobile/Cell (_____) _____ - _____ Email: _____

Cust. Social Security Number

Co-app. Social Security Number

LOSS MITIGATION AUTHORIZATION

I authorize the Housing Counselor _____ of Community Services of Nevada (CSN) Home Ownership Center to:

- (a) Review my/our credit file for informational inquiry purposes;
- (b) Contact my Servicer/Lender for possible workout solutions pertaining to the property listed above.
- (c) I further authorize you Servicer/Lender to release and discuss my/our case with CSN and provide them with any and all documentation needed to proceed with my/our counseling work out solutions.
- (d) We further authorize you Servicer/Lender to discuss our case with the counselors for CSN and obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s). They are working to help me/us address my/our financial problems and to propose a loss mitigation plan which is within your guidelines.
- (e) Lender(s)/ Servicer(s): _____ who made or service(s) me/us the loan.
- (f) Loan number _____

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 Print

Co-Applicant Print

Customer signature

Co-Applicant signature

Date

Date



Client Number: _____

Class Date: _____

HUD Number: _____

Initial Intake Date: _____



CUSTOMER INTAKE FORM

Please Print Clearly

Name: _____
First/* Primero MI/ *Segundo Last / Apellido

Street/ *Calle _____

City/* Ciudad _____ State _____ Zip Code _____

Home/Casa: (____) _____ - _____ Work/Trabajo: (____) _____ - _____ Other/Otro (____) _____

Email/Correo electrónico _____

_____-_____-_____/_____/_____/_____
Social Security Number/Numero de Seguro Social Birth Date/ Fecha de Nacimiento Age/Edad

Total Co-Apps _____

Referral Source : (please circle)/ **Quien le refirió a nuestra organización** (marque los que apliquen):

- Print Advertisement /Artículo de periódico Internet Bank /Banco Government /Gobierno
- TV /Anuncio por televisión Realtor Staff/Board member Walk-In Friend /Amigo(a) Radio /Anuncio de Radio
- Newspaper Article / Anuncio de periódico Other? _____

Race/ *Raza (please circle):

- 1 Hispanic/ ¿Es usted hispano/latino? Yes/ Sí 2. Black or African American
- 3. American Indian/Alaskan Native/* Indio(a) norteamericano o Nativo de Alaska
- 4. Native Hawaiian/Other Pacific Islander/ *Nativo de Hawai o las Islas del Pacífico
- 5. American Indian/Alaskan Native and White/ *Indio(a)/Nativo de Alaska y Blanco
- 6. Asian and White/ *Asiático y Blanco 7. Asian/ *Asiático
- 8. Black/African American and White/ *Negro y Blanco
- 9. American Indian/Alaskan Native and Black / * Indio(a) Norteamericano o Nativo de Alaska y Negro
- 10. Other/ *Otra raza 11. White/ *Blanco

Marital Status/ Estado Matrimonial (please circle): 1. Single/Soltero/a 2. Married/ Casado/a 3. Divorced/ Divorciado/a
4. Legal Separated/ Separado/a 5. Widowed /Viudo/a

Gender/ *Genero (sexo) (please circle): Male/ *Masculino Female/ *Femenino

Household Type (please circle):

- 1. Female headed single parent household 2. Male headed single parent household 3. Single adult
- 4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **Please provide a list of dependents that appear on you tax returns.**

Name:	Relationship	Age	Date of Birth?	Full Time Students?
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Annual Family or Household Income: \$ _____



Monthly Expenses/Gastos Mensuales			
COLUMN 1 EXPENSE	MONTHLY	COLUMN 2 EXPENSE	MONTHLY
Shelter		Contributions & Gifts	
Mortgage payment	\$	Church Donations	\$
Homeowner Association dues		Miscellaneous donations	
Home maintenance		Gifts/cards/Wrapping Accessories	
Taxes & insurance (if not included in mortgage payment)		Other	
Food & Household		Recreation	
Groceries, beverages	\$	Club dues	\$
Cleaning supplies, paper products		Newspapers, magazines, books	
Food away from home		CD's, other music	
Tobacco and alcohol		Movies	
		Hobbies	
Utilities		Sports	
Gas, light, water	\$	Vacations	
Phone		Entertainment	
Cell/mobile phone			
Insurance		Other Expenses	
Life	\$	Kids' allowances	\$
Auto		Day care (Children/Seniors)	
Health		Babysitting	
Other		Postage	
		Cable or satellite TV	
Transportation		Other services	
Gas & oil		Pets (food, vet, boarding)	
Repairs & upkeep			
Registration		Monthly Obligations	
Bus, carpool		Alimony & child support	\$
Parking		Total monthly auto loan payments	
		Total monthly credit card payments	
Education		Monthly expenses for other homes owned	
Tuition	\$	Other monthly obligations	
Books		Other monthly obligations	
Special lesson			
Sports			
Health Care		Clothing	
Medical	\$	New purchases	\$
Dental		Dry cleaning, laundry	
Prescriptions			
Personal Care			
Beauty/Barber Shop	\$		
Nails			
Other personal expenses			
COLUMN 1 TOTAL:	\$	COLUMN 2 EXPENSE TOTAL:	\$
COLUMN 1 + COLUMN 2+ TOTAL EXPENSES: \$			



Community Services of Nevada

3320 Sunrise Ave. *Suite 108 *Las Vegas Nevada 89101

Phone (702) 307-1710 * Fax: (702)307-1712 * E-mail: getthefacts@csnv.org

CUSTOMER-Cliente EMPLOYMENT-Empleo — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____

Zip Code _____

Phone: (_____) _____ - _____

Hourly rate _____

Monthly _____

Part-Time or Full-Time (Please Circle)

Yearly _____

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ Bi-weekly _____ twice a month _____ monthly?

Secondary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (_____) _____ - _____

Hourly Rate _____

Part-Time or Full-Time (Please Circle) Monthly _____

Gross Income (before taxes): \$ _____ Yearly _____

Is this amount paid _____ hourly _____ weekly _____ Bi-weekly _____ twice a month _____ monthly?

CO-APPLICANT -

Name: _____

First

MI

Last

Street _____

City _____ State _____ Zip Code _____

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

_____-_____-_____/_____/_____/_____

Social Security Number

Birth Date

Race (please circle):

- 1. Hispanic
- 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
- 11. White

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

Gender (please circle): Male Female

Education (please circle):

- 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: _____

Please provide a list of dependents that appear on you tax returns if different from customer.

Name:	Relationship	Age	Date of Birth?	Full Time Students?
				Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

 Title Hire Date

 Street City State Zip Code

Phone: (____) _____ - _____ Hourly Rate _____

Part-Time or Full-Time (Please Circle) Monthly _____

Gross Income (before taxes): \$ _____ Yearly _____

Is this amount paid _____ hourly _____ weekly _____ Bi-weekly _____ twice a month _____ monthly?

Secondary Employer: _____

 Title Hire Date

 Street City State Zip Code

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle) Hourly Rate _____

Part-Time or Full-Time (Please Circle) Monthly _____

Gross Income (before taxes): \$ _____ Yearly _____

Is this amount paid _____ hourly _____ weekly _____ Bi-weekly _____ twice a month _____ monthly?

ADDITIONAL MONTHLY INCOME

	Applicant	Co-Applicant
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Unemployment benefits		

CUSTOMER AND CO-APPLICANT 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.

Paid To	High Limit	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.				
2.				
3.				
4.				
5.				
6.				



3320 Sunrise Avenue Suite 108 Las Vegas, NV 89104
P. 702-307-1710 F. 702-307-1712

Privacy Policy and Security Statement

Community Services of Nevada 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 information shared both orally and in writing will be managed within legal and ethical considerations. With regard to your "nonpublic personal information", such as your total debt information, income, living expense and personal information concerning your financial circumstances, it is considered highly confidential and will be used appropriately and in accordance with our guidelines for privacy and security.

Types of information that we gather about you

- Information we receive from you orally, which are documented on intake and pre-counseling forms, such as your name, age, race, ethnicity, address, social security number, assets and income.
- Information about your transactions with creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage, mortgage information; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to "opt-out" of disclosures for your nonpublic personal information to third parties (such as creditors), that is, direct us not to make those disclosures.
- If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your "opt-out", you may call us at 702-307-1710 and do so.

Release of your information to third parties

- Some of your information that we will collect as described above, maybe disclosed to your creditors or third parties if it is necessary and if determined that it be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former costumers to anyone as permitted by law, (e.g., if we are compelled by the legal process).
- Within our agency, we restrict access to nonpublic personal information about you to only those employees who must know the information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

PLEASE BE ADVISE WE ARE THE MEDIATOR BETWEEN YOU AND YOUR MORTGAGE COMPANY. THE FINAL DECISION FOR ANY TYPE OF MODIFICATION, WORKOUT PLAN, ETC...WILL BE UP TO THE INVESTOR.

By signing this privacy policy and security statement, you acknowledge that the doctrine of informed consent has been explained to you, and understand the contents to be released/exchanged, the need for the information, and that there are statues and regulations protecting the confidentiality of authorized information.

Applicant Name (please print) _____

Applicant Signature _____ Date _____

Co-Applicant (please print) _____

Co-Applicant Signature _____ Date _____

Counselor Signature _____ Date _____



Community Services of Nevada

CLIENT NON-COMMITMENT FORM FORMA SIN COMPROMISO DEL CLIENTE

FIRST TIME HOME BUYER EDUCATION
FORECLOSURE INTERVENTION WORKSHOP

YOU DO NOT HAVE TO USE OTHER SERVICES PROVIDED BY COMMUNITY SERVICES OF NEVADA (CSN) OR ITS PARTNERS OR BUSINESS ASSOCIATED IN ORDER TO RECEIVE HOUSING COUNCELING SERVICES OR HOMEBUYER EDCUATION.

USTED NO ESTÁ OBLIGADO A HACER USO DE LOS OTROS SERVICIOS OFRECIDOS POR COMMUNITY SERVICES OF NEVADA (CSN) NI CON SUS NEGOCIANTES PARA PODER RECIBIR CONSEJERÍA DE VIVIENDA O EDUCACIÓN SOBRE LA COMPRA DE CASA.



SIGNED/FIRMADO

DATE/FECHA