

Name: \_\_\_\_\_

(Name as it appears on your ID)



Community Services of Nevada (CSNV) promotes strong neighborhoods and healthy families through neighborhood revitalization and economic development projects. Our motto is "Changing Lives for the better tone household at a time."

Office Code: HP/ FIN/ RC



## Home-Purchase Intake-Application

**Are you a Home-Buyer: Yes No**  
**If you are not a homebuyer do not complete this application.**

**CLIENT NON-COMMITMENT Statement:** YOU DO NOT HAVE TO USE OTHER SERVICES PROVIDED BY COMMUNITY SERVICES OF NEVADA (CSNV) OR ITS PARTNERS OR BUSINESSES ASSOCIATED IN ORDER TO RECEIVE HOUSING COUNSELING OR EDUCATION EDUCATION.

For complete list of partners please visit our website at [www.csnv.org](http://www.csnv.org) or ask for a copy. Please confirm that you understand: **YES NO**

**Non-Profit Form** If you have been working with any of the Non-Profit agencies listed below for the past 12 months, you must **STOP NOW** and continue counseling services with your current Housing Counseling Agency. If you **HAVE NOT** been with any of the non-profit agencies listed, check the following box and proceed to fill out application:

**I HAVE NOT** been working with any of the non-profit agencies listed below during the last 12 months.

- |  |  |
|--|--|
| <input type="checkbox"/> Legal Representation (Attorney)               | <input type="checkbox"/> Nevada Partners                       |
| <input type="checkbox"/> MMI – Money Management International          | <input type="checkbox"/> Neighborhood Housing Services (NHSSN) |
| <input type="checkbox"/> Home Ownership Preservation Foundation (HOPE) | <input type="checkbox"/> Navicore Solutions                    |
| <input type="checkbox"/> Home Today                                    | <input type="checkbox"/> Springboard                           |
| <input type="checkbox"/> Nevada Legal Aid Center                       | <input type="checkbox"/> CPLC – Chicanos Por la Causa          |
| <input type="checkbox"/> Housing Authority                             | <input type="checkbox"/> Women’s Development Center (WDC)      |
| <input type="checkbox"/> Neighborhood Assistance Corp. (NACA)          | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Nevada Legal Services (NLS)                   |  |

### Statement of Counseling Services

\*\*\*\*Please read and Initial\*\*\*\* the following statement carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

\_\_\_\_\_ I/We understand the agency will provide a confidential comprehensive personal housing counseling or foreclosure prevention interview conducted by a Certified Housing Counselor or qualified professional counselor.

Community Services of Nevada provides services to residents of Nevada.

\_\_\_\_\_ I/We understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process by requesting management assistance.

\_\_\_\_\_ I/We will be given a written assessment outlining a suggested client action plan which may be based on the following Co-app options:

- I/We will handle my financial concerns on my own. (Including but not limited to those seeking mortgage counseling and/or budget counseling).
- Counselors cannot provide legal advice. If it is determined I may benefit from legal advice, I may be referred to a no n-profit legal service provider for appropriate assistance.
- I/We will be referred to the other services of the organization or another agency or agencies, as appropriate, that may be able to assist with particular problems that have been identified and I understand I may use or reject these referrals.

\_\_\_\_\_ NOTE: If at any time the client becomes disrespectful, counseling will be terminated.

\_\_\_\_\_ At some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency’s services

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION** Whereas, the client(s) recognizes that in order for Community Services of Nevada (herein after known as “Agency”) to provide its services as part of the Nevada Attorney General’s Home Again: Nevada Homeowner Relief Program, program monitors or agents will request Agency to furnish certain information concerning the client’s financial condition.

In consideration of, and in furtherance of the services to be provided by Agency, the client(s) hereby expressly authorizes Agency to: disclose and/or obtain any information concerning the financial condition and the status of the client(s), including, but not limited, to his/her income, monthly expenses, debts, credit, earnings and/or location information from or to any creditor of the client(s) or any credit reporting agency, as Agency deems necessary.

The client(s) hereby agrees to hold Agency, its employees, officers, directors and agents harmless from any claim, suit, action or demand made by any creditors of the client(s) in connection with any services rendered by Agency to the client(s).

The client(s) recognizes that Agency has no responsibility or obligation for any past, present or future credit rating assigned to the client(s) by any of his/her creditors.

Agency agrees that all information in the client(s) file will be otherwise kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act.

\_\_\_\_\_  
**Borrower Signature**

\_\_\_\_\_  
**Co-Borrower Signature**

\_\_\_\_\_  
**Date**



\* The Counselor will explain this section if requested by the homeowner \*

Counselor Initials \_\_\_\_\_

**Client information:****(Name as it appears on your ID)**Borrower: \_\_\_\_\_  
First Name Middle Name Last Name

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
State Zip Code

E-mail address: \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Additional phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Co-borrower: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

**Third Party Authorization**

If I continue to work with CSNV for housing counseling services

I/We, \_\_\_\_\_ authorize CSNV:

- (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 a property and pre-purchase assessment. I also understand that all information provided will be kept confidential.
- (B) Obtain a copy of the Loan estimate, Closing Disclosure, Appraisal, Real Estate Contract, note(s), and all other documents pertaining to the real estate transaction from the lender, realtor, title company, and all the other parties involved in the transaction.

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 Cod, Section 1001.

**NOTE FOR CREDIT REPORT:**

This disclosure packet is the property of Community Services of Nevada (CSNV) and under no circumstances may be reproduced or published by the recipient or any other third party for any reason including but not limited to cash transactions for any services rendered or any other purpose. In addition, Community Services of Nevada and its board of directors will be held harmless from and all claim, actions, damages, liabilities, losses, and expenses, including but not limited to reasonable attorney's fees, resulting from third party's violation of this disclaimer.

1. I/We understand that CSNV provides financial capability counseling/coaching after which I/We will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that CSNV submits client-level information relating to the Project Reinvest Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and follow-up with clients related to program evaluations.
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
4. I give permission for Project Reinvest: Financial capabilities program administrators and/or their agents to follow-up with me within the next three years for purpose of program evaluation.
5. I acknowledge that I have received a copy of CSNV's Privacy Policy.
6. I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist within concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
7. A counselor may answer questions and provide information, but no give legal advice. If I want legal advice, will be referred for appropriate assistance.
- 8.

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referral Source:** *(please circle one)*

- Events                                -Social media                                -CSNV Website                                -Elected Official
- Media (TV, Radio, etc.)            -CSNV Board Member                     -Friend                                        -Nevada Attorney General
- Nevada Hardest Hit Program        -Home Again Program                    -Bank/Servicer                             -Consulate                                 HUD
- Non Profit Agency: \_\_\_\_\_       -Other: \_\_\_\_\_

**Any Borrower Disable: Yes No    Need Assistance: Yes No    Total number of borrowers: \_\_\_\_\_**

**Section: A. Borrower (1) please complete**

**Demographics:** *(please circle one)* **Gender:**

-Male    -Female    -Other \_\_\_\_\_

**Race:**                    -White              Afro-American              -Native American/ Native Alaskan        -Asian/Pacific Islanders    -Other \_\_\_\_\_

**Ethnicity:** -Hispanic/Latino    Other \_\_\_\_\_

**Primary Language:** -English    -Spanish    -Other \_\_\_\_\_

**Education:** -Below High School Diploma                    -High School Diploma/ GED                    -Two Year College                    - Out of US

-Bachelor                    -Masters                    -Above Masters                    -Other: \_\_\_\_\_

**Military Service:** -Veteran    -Active Military    -N/A

**Family Background** *(please circle one)*

**Marital Status:** -Single    -Married    -Common Law -    -Legally Separated    -Divorced    -Widowed

**House Hold Type:**           Single                               -Female head of household                    -Male head of household

-Married with no children                    -Married with children                    -2+adults                    -Other

**Family/ Household Size:** \_\_\_\_\_

**Please provide a list of additional Household members:**

Age	Relationship	Dependents on Taxes	Age	Relationship	Dependents on Taxes

**Continued for Borrower (1):**

**Employment** Please print clearly.

Are you currently employed? NO / YES Are you paid as: w2 or 1099

**Primary Employer Name :** \_\_\_\_\_

Date Started: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ (please circle one) - Full Time - Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid: (please circle one) -Weekly -Bi-weekly -Twice a month - Monthly

**Second Employer Name** \_\_\_\_\_ Are you paid as: w2 or 1099

Date started: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ (please circle one) -Full Time - Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid? : (please circle one) -Weekly -Bi-weekly -Twice a month -Monthly

**Section B. Co-Borrower (2)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Name MI Last  
Street City State Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Demographics** (please circle one)

**Gender:** -Male -Female Other: \_\_\_\_\_

**Race:** -White -Afro-American Native American/ Native -Alaskan Asian/Pacific Islanders -Other \_\_\_\_\_

**Ethnicity:** -Hispanic/Latino Other: \_\_\_\_\_

**Education:** -Below High School Diploma -High School Diploma/ GED -Two Year College  
-Bachelor -Masters -Above Masters -Out of US

**Military Service:** -Veteran -Active Military -N/A

**Relationship to Borrower:** -Spouse -Daughter -Son -Sister -Brother  
-Girlfriend -Boyfriend -Mother -Father -Other: \_\_\_\_\_

**Family Background** (please circle one)

**Marital Status:** -Single -Married -Common Law -Legally Separated -Divorced -Widowed

**House Hold Type:** -Single -Female head of household -Male head of household  
-Married with no children -Married with children -2+adults -Other

**Continued for Co-Borrower (2)**

**Employment** Please print clearly. Are you currently employed? NO / YES Are you paid as: w2 or 1099

**Primary Employer Name:** \_\_\_\_\_

Date started: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ *(please circle one)* -Full Time -Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid? : -Weekly -Bi-weekly -Twice a month -Monthly

**Second Employer/Part Time:** \_\_\_\_\_

Date Started \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ *(please circle one)* -Full Time -Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid? : -Weekly -Bi-weekly -Twice a month - Monthly

**Section C: Additional Monthly Income for all applicants**

	Borrower 1	Co-Borrower 2
Alimony/Child Support		
Rental Income		
Social Security / Dependent SSI Income		
Pension Income		
Disability Income		
Public Assistance		
Unemployment		
Other		
Other Household income ( You must list all )		

<b>Liquid Assets</b>	<input type="checkbox"/> <b>Check box if it does not apply</b>
Checking/Savings accounts	\$
Cash on hand	\$
Retirement Accounts (If using for home purchase)	\$
Other: _____	\$



**Community Services of Nevada** (“the Agency”) is an IRC 501(c) (3) agency. In order to provide you with housing assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation, and this information may be shared with a non- affiliated party.

The Agency 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 the legal and ethical considerations and in accordance with the policies described herein. If you have any questions about these policies, or our privacy practices, please contact us at **570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030.**

**TYPES OF INFORMATION WE GATHER ABOUT YOU.**

We may collect the following types of nonpublic personal information from you (herein after referred to as “Personal Information”): • Information that we receive from you orally or in writing, or on applications or other forms, such as your name, address, social security number, assets, and income;

- Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit usage;
- Account information, including account balances, payment history, and account usage;
- Information that we obtain from non-affiliated third parties about your transactions with them; and
- Information we receive from a credit-reporting agency, such as your credit history.

**CATEGORIES OF PERSONAL INFORMATION THAT WE MAY DISCLOSE AND THE CATEGORIES OF NON-AFFILIATED THIRD PARTIES WITH WHOM WE MAY SHARE THE INFORMATION**

- We will disclose some or all of the Personal Information to program monitors or agents. These disclosures are a requirement of our participation in the Home Again Program which makes our services possible.
- We may disclose some or all of the Personal Information to your creditors or other non-affiliated third parties, such as financial service providers or creditors, where we have determined (i) that it would be helpful to you, (ii) that it would aid us in providing our counseling services to you, (iii) in order to fulfill a service requested by you. All non-affiliated companies that act on our behalf and receive Personal Information from us are contractually obligated to keep the information we provide to them confidential, and to use the Personal Information we share only to provide the services we ask them to perform.
- In order to provide our services to you, we also may share any of the categories of Personal Information within our organization, to subsidiaries, affiliates or other related entities.
- We may also disclose any Personal Information about you to anyone as permitted by law (e.g., if we are compelled by legal process) or in the good faith belief that such action is necessary in order to conform to the requirements of law or comply with legal process served on us, protect and defend our rights or property, including the rights and property of the Agency or act in urgent circumstances to protect the personal safety of consumers who use our services. In addition, the Agency reserves the right to disclose certain Personal Information that it does not currently disclose to the non-affiliated parties referenced above. From time to time, we may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. This data is not personally identifiable.
- **RIGHT TO OPT-OUT OF CERTAIN DISCLOSURES.** You have the right to opt-out or prevent us from making disclosures of your Personal Information to non-affiliated third parties such as your creditors or other parties we feel would be helpful to you or that would aid us in counseling you. If you choose to opt-out, we will not be able to answer questions from your creditors. To opt-out, please contact us at 570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030.
- You have the right to opt-out or prevent us from making disclosures of your Personal Information to the program monitors or agents; however opting-out will terminate the counseling services provided to you because the Agency cannot provide these services to you without disclosing your Personal Information. To opt-out, contact us at 570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030. If at any time, you wish to change your decision with regard to your opt-out, you may contact us at Community Services of Nevada-570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030.
- **THE CONFIDENTIALITY AND SECURITY OF YOUR INFORMATION.**
- Within the Agency, we restrict access to Personal Information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
- **INFORMATION FOR RESIDENTS OF NEVADA.**
- Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number- 702.486.3132; e-mail: BCPINFO@ag.state.nv.us

**Privacy Agreement**



**Community Services of Nevada** (“the Agency”) is an IRC 501(c) (3) agency. The Agency is participating in the Nevada Attorney General’s Home Again: Nevada Homeowner Relief Program. By participating in the Home Again Program, the Agency is able to provide you with assistance and counseling in dealing with your mortgage concerns. However, in order to provide you with the assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation (“Personal Information”), and to submit that information to program monitors or agents for purposes of administering the program. Accordingly, we are required to ask your acknowledgment of, and consent to, the following:

- I/we understand that through the Home Again Program, the Agency provides mortgage and foreclosure mitigation counseling services and other housing services. As part of the counseling services, I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other entities as may be appropriate.
- As a condition of participation in the Home Again Program, I understand that the Agency is required to collect and share some or all of my Personal Information with program monitors or agents for purposes of program monitoring, compliance and evaluation of this program.
- I/we acknowledge that I have received a document entitled “Privacy Principles” which outlines the types of Personal Information that the Agency will collect and may share and with whom that information may be shared.
- As part of the Home Again Program, I authorize the Agency to collect my Personal Information, as defined in the Privacy Principles, and to disclose or share it with program monitors or agents.
- I/we understand that this consent to the disclosure or sharing of my Personal Information will remain in effect until it is revoked or modified by me, and that this revocation or modification may occur at any time by contacting the Agency at 570 W Cheyenne Ave Suite 200 North Las Vegas NV 89030
- I/we understand that the revocation or modification of my consent will result in the termination of the counseling services provided to me because the Agency cannot provide Home Again services without disclosing my Personal Information as outlined.
- I/we understand that other services offered by the Agency may be recommended, or that I may be referred to other entities, as appropriate, to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- I/we understand that the Agency’s counselors may answer questions and provide information, but not give legal advice. If legal advice is required, I may be referred to a nonprofit legal services provider for appropriate assistance.

[Please note: Participation in the follow-up is strictly voluntary and is not required in order to provide you with services.]

**Community Services of Nevada is a HUD-approved housing counseling agency.**

**May the administrators of the Home Again Program contact you to follow-up for purposes of monitoring and evaluating the program?    Yes    No**

**Borrower Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-BorrowerSignature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Privacy Policy and Security Statement & Consent to Release Information

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. About your "nonpublic personal information", such as your total debt information, income, living expense and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. Your information is considered highly confidential and will be used appropriately and in accordance with our guidelines for privacy and security. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### 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

- So, long as you have not opted-out, we may disclose some or all 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 ADVISED 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 release/exchange, the need for the information, and that there are statues and regulations protecting the confidentiality of authorized information

## CONSENT TO RELEASE INFORMATION

I do hereby request that release all information regarding to my mortgage loan to: Community Services of Nevada

I acknowledge that the information obtained will be used solely by Community Services of Nevada and Lenders for the purpose of assisting in the creation of a housing counseling plan.

I understand that this Release of Information is subject to revocation at any time, or one year of the date signing, except to the extent that action has been taken in reliance thereon.

I hereby release the party from whom information is requested from any and all liability which might accrue as a result of the disclosure of such information to Community Services of Nevada. I hereby certify that I have read the foregoing "Release" or it has been read to me and I fully understand its contents and meaning.

Borrower

Co-Borrower signature

Date





Visit [hud.gov/fairhousing](http://hud.gov/fairhousing) or call the HUD Hotline

1-800-669-9777 (English/Español) 1-800-927-9275(TTY)

It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
• Color
• National origin
• Religion
• Sex
• Familial status (families with children under the age of 18, or who are expecting a child)
• Handicap (if you or someone close to you has a disability)
• Refuse to rent to you or sell you housing
• Tell you housing is unavailable when in fact it is available
• Show you apartments or homes only in certain neighborhoods
• Set different terms, conditions, or privileges for sale or rental of a dwelling
• Provide different housing services or facilities
• Advertise housing to preferred groups of people only
• Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
• Deny you property insurance
• Conduct property appraisals in a discriminatory manner
• Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
• Fail to design and construct housing in an accessible manner
• Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights



570 W Cheyenne Avenue Suite 200
North Las Vegas, Nevada 89030
P. 702-367-1710 F. 702-367-1712
E. thefacts@csnv.org
W. www.csnv.org



Table listing various services and organizations such as Child Protective Services, Nevada Attorney General, Catholic Charities, and others, with their respective phone numbers.

Please Read: Complete application with all Disclosure, Authorizations, Counseling Agreement, Waivers, Fair Housing Hot-line Information and Referral Resources is available on the INTERNET at www.csnv.org
Copies will always be available at our main office if you want a hard-copy. Please sign and date that you have read and understand this statement

CAUTION

U.S. Department of Housing and Urban Development Federal Housing Administration (FHA)



OMB Approval No. 2510-0047

For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- Evaluate the physical condition: structure, construction, and mechanical systems; identify items that need to be repaired or replaced; and
• Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection. Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

Borrower Signature:



## Monthly Expenses Plan

Auto Insurance	
Auto loan	
Auto repairs/maint/registration	
Gasoline	
Child support/alimony	
Credit card min payments	
IRS or other taxes if payed out of pocket	
Dining/eating out	
Food/groceries	

### Household Cost

Checking act fees	
Barber/beauty shop	
Child care	
Tobacco	
Clothing	
Fitness membership	
Personal items/toiletries	
Repairs/maintenance	
Movie rental	
Pest control	
Security system	

### Housing payment

1 <sup>st</sup> mortgage	
2 <sup>nd</sup> mortgage	
Home owners Association	
Home equity line	
Homeowner/renters insurance if not included in payment	
Property taxes if not included in payment	
Lawn care	
Rent	
Rental property	

### Loans

Installment loan	
Payday loan	
Student loan	

### Insurance

Health insurance	
Life insurance if payed out of pocket	

### Medical / Savings

Dentist	
Doctor visit/Co-pay	
Visions/glasses/contacts	
Medical bills monthly payments	
Medications	
Savings	

### Utilities / Other Household Cost

Internet	
Cable tv	
Cell phone	
Electricity	
Trash services	
Heating (not gas or oil)	
Water/sewer	
Telephone	
Sewer	

### Discretionary Expenses

Church donation	
Other gifts/donations	
School fees/books/supplies	

### Entertainment / Pets

Books/newspaper/magazine	
Birthday gifts	
Alcoholic beverages	
Pet expense	

Borrower \_\_\_\_\_

Co-Borrower \_\_\_\_\_

Counselor reviewed and made recommendations

\_\_\_\_\_  
Initial



: 702.307.1710 : | 702.307.1712 | : intake@csnv.org  
CSNV.ORG

Client Name: \_\_\_\_\_

Action Plan	Reasons	To be completed on appt. date.	
1. Needs to provide counselor with:	Client Work Plan		
2. All documents on check list that apply must be provided to CSNV to continue with counseling/Coaching assistance.	Client Work Plan		
3. All the financing available such as: Conventional, FHA and VA have been explained to client.	Client Work Plan		
4. There is no obligation to use the services offered by CSNV or its partners in order to receive counseling/coaching and/or educative services.	Client Work Plan		
5. Follow up appointment with counselor to review: Credit report, Savings options, Down-Payment Assistance (DPA) options. Please Note that DPA is not guaranteed. DPA is on a first come first serve.	Client Work Plan		
6. Stay in contact with CSNV during the review process.	Client Work Plan		
7. Failure to keep in contact with CSNV will result in closure of case after 30 calendar days.	Client Work Plan		
8. Must allow 24-48 hours for return calls/emails from Housing Counselor. If your contact information changes, please notify CSNV immediately.	Client Work Plan		
9. Recommendations or Further Actions:	Client Work Plan		
	Client Work Plan		
12. Next appointment with counselor is on:			
<b>Please Note:</b> If all Documents have not been provided, you will need to provide documents 30 minutes prior to next			

In order to take an active participation in the resolution of my (our) housing conditions, I (we) agree to take above action steps: I acknowledge and understand that the above issues must be resolved prior to applying for mortgage assistance; and any Down Payment Assistance if I qualify.

- This document not intended to convey "loan approval"
- Upon review of additional documents, the counselor may add additional action items to the list.
- Upon applying for mortgage assistance, there may be additional conditions/documents that are required to proceed.

		Date: _____
(Borrower)	Co-borrower	
		Date: _____
(Counselor)		



**702-307-1710 F. 702-307-1712**  
**email: Intake@csnv.org**  
**Web: www.csnv.org**

# CHECKLIST

Client	Please provide <u>ALL</u> documents listed below that pertain to you. We only accept Copies	Office use
	ID and Social Security card/ITIN Card.	
	Bank Statements for all Checking and Savings accounts	3 Months
	Proof of all income (paystubs, award letter, profit and loss statement) *If Self-Employed provide Profit and Loss Statement up to date.	2 Months
	Signed Income Tax Returns with W'2 & 1099(s)	Last two years
	Monthly statements: utility bills, credit cards, auto loans, personal loans.	
	Divorce Decree or Legal Separation Agreement within the last 7 years.	
	Alimony or Child Support Documentation (if liability or used as income)	
	Provide Bankruptcy Documents (Chapter 7/13) within the last 7 years, <i>if applicable</i> .	
	Tri-merge Credit Report within the last 3 months. <i>Fee for pulling Credit Report: \$25 (debit, credit or PayPal)*For Credit Analysis or Credit Workshop additional cost of \$ 43.00 *Fees are subject to change*</i>	
	Current Rental Agreement.	
	Homebuyer Class Certificate	
	<b>****WISH APPLICANTS ONLY: Provide additional items listed below:****</b>	
	Paystubs for all residents in the home over the age of 18	
	First payroll check of the year for applicant(s) and all residents in the home over the age of 18	
	Tax returns with all schedules and w-2(s)/1099(s) for all residents in the home over the age of 18	
	Verification of Employment listing start date, pay rate & frequency of Bonusses,commissions,etc.	
	Income Tax Transcripts for all household members over 18. <b>Must request from IRS: 1-800-829-1040/www.irs.gov</b>	

Bankruptcy Chapter 7/13 in the last 7 years.	Short Sale in the last 3 years	Deed in Lieu in last 4 years	Foreclosure in the last 4 years.
YES _____ NO _____	YES _____ NO _____	YES _____ NO _____	YES _____ NO _____
<p><b>Have you owned a house in the last 3 years</b>    YES    NO</p> <p><b>Are you registered to vote?</b>    YES    NO</p> <p><b>Borrower Signature:</b> _____                      <b>Date:</b> _____</p>			