



Housing Authority of the City of Perth Amboy, 881 Amboy Avenue, Perth Amboy, NJ 08861

Customer 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*

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

- 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: How many dependents (other than those listed by any co-borrower)?

What ages are they?

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

Relationship Age Relationship Age

Annual Family or Household Income: \$

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

Referred to by (please circle all that apply):

- Print Advertisement Bank Government TV Realtor
Staff/Board member Walk-In Friend Radio Newspaper Article

If you were referred by a bank, which one?

If referred by another source not listed above, which one?

CO-APPLICANT

Name: First MI Last

Street

City Home: () Work: () State Zip Code 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

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 are foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): Single Married Divorced Separated Widowed

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

Type of Income	<i>CUSTOMER</i> Monthly Amount	<i>CO-APPLICANT</i> Monthly Amount
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?

Yes _____ No _____

Yes _____ No _____

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.

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

Please use additional sheets if necessary.

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

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>	<u> </u> <i>AM</i>	<u> </u> <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



REGISTRY CHECK

TO: Registry-Fax: 1-800-866-7344

FROM: The Housing Authority of City of Perth Amboy

Fax: (732) 826-3111

Account # N4796

We are requesting the following reports

<input type="checkbox"/> Registry check (Housing Search)	<input type="checkbox"/> TRW Credit Report
<input type="checkbox"/> Transunion Credit Report	<input type="checkbox"/> CBI/Equifax Credit Rep
<input type="checkbox"/> Wanted Fugitive Check	<input type="checkbox"/> Credit Gram
<input type="checkbox"/> Criminal Check	<input type="checkbox"/> Social Search

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Please fill in required information. Read all terms carefully and sign below

Landlord's Name: Housing Authority of the City of Perth Amboy

Applicant's Name: _____

Social Security # _____

DOB _____

Present Address: _____

Previous Address: _____

Driver's License # _____

I hereby authorize The Housing Authority of the City of Perth Amboy to obtain information it deems desirable in the processing of my application including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records and any other relevant information. I also release The Housing Authority, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. The applicant hereby waives any claim for damages by reason of non-acceptance of this application, which the Housing Authority or its agent may reject.

Signature: _____

Print Name: _____

DATE: _____



The Housing Authority of the City of Perth Amboy

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND RECORDS

I, _____, hereby authorize the Housing Authority of Perth Amboy to obtain information including but not limited to records, reports, and correspondence. This release is made knowingly and voluntarily and may be accepted upon replications, fax, or copy form of same.

My consent to release this information shall expire 180 days from the date of my signature indicated below.

Release of Information To Obtain From:

_____ **Print Name of Agency**

I am aware and understand what is indicated on the release and I authorize use or disclosure for the Housing Authority of the City of Perth Amboy to request the following information to verify eligibility for services.

_____ Education, Training or Trade Schools
(transcripts, enrollment, attendance,
tuition fees)

_____ Employment and Retention
follow-up.

_____ Legal Status

_____ Credit Bureaus and Collection Entities

_____ Homeownership Parties
Banks, Realtor Attorney, Inspector
Title companies)

_____ Welfare

_____ Medical (Referrals from education or

_____ Housing Authorities

_____ HUD

_____ Other:

Housing Authority Representative:

Name: _____

Title: _____

Telephone: _____

Fax: _____

Housing Authority of the City of Perth Amboy
881 Amboy Avenue
PO Box 390
Perth Amboy, NJ 08862

_____ **Print Name**

_____ **Signature**

_____ **Date**

Housing Authority of the City of Perth Amboy

881 AMBOY AVENUE, P.O. BOX 390, PERTH AMBOY, NJ 08862

TELEPHONE: (732) 826-3110

FAX: (732) 826-3111

EDNA DOROTHY CARTY-DANIEL, Chairperson
REVEREND GREGORY PABON, Vice-Chairman
MIGUEL A. AROCHO
SHIRLEY JONES
REVEREND H. WAYNE BRADY
PASTOR BERNADETTE FALCON-LOPEZ
DAVID BENYOLA

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

EDWARD TESTINO
Counsel

Housing Counseling Program Disclosure

The Housing Authority of the City of Perth Amboy values your trust and is committed to the delivery of high quality services and to the responsible management, use and protection of personal information. This disclosure describes our policy and commitment to you, and your housing counseling agreement.

Who We Are

The Housing Authority of the City of Perth Amboy is a Public Housing Authority providing safe, secure, affordable section 8 and public housing to low and moderate income families within the City of Perth Amboy. As a HUD certified housing counseling agency we provide, **free** one-on-one comprehensive housing counseling services to low and moderate income families within Middlesex and Union County. In addition, the following services are available; financial literacy which includes, credit and budgeting counseling. Group homeownership education workshops that prepare potential homebuyers with the tools necessary to complete a mortgage application. Assist homebuyers to identifying a reputable real estate agent to identify affordable properties to purchase. Provides action plans for long term pre-purchase home buyers with credit issues to become credit worthy. Provide financial assistance and referrals to individuals who require down payment and closing cost assistance. Provide rental counseling for individual in jeopardy of losing their housing. Provide home improvement counseling and alternative funding. Provide default and delinquency counseling. Provide follow-up post purchase counseling for homebuyers, including resolving/preventing mortgage delinquency workshops. Provide mortgage scam and loan modification assistance. All of the services listed above are free with the exception of our first time home buying group workshop. A fee of \$30* per family is required unless the customer is experiencing financial difficulty. A fee waiver form is available upon request to the Program Director.

Housing Counseling Agreement

By participating in our program, you are agreeing to receive counseling, education, information and application assistance, including computations, assessments and procurement of service in connection with your pursuit of a home purchase, qualifying for a mortgage loan or other homebuyer assistance program, obtaining better loan terms with your current mortgage loan, or preventing a home foreclosure. While you are welcomed and encouraged to do so, you are in no way obligated to use any other product or service offered by this agency, its affiliates or partners. The Perth Amboy Housing Authority will provide information on alternative services, programs and products at your request. Client should consider a variety of resources and options and upon evaluation select the resources that best meet their need.

Financial support for the Perth Amboy Housing Authority Housing Counseling Program is provided by The Department of Housing and Urban Development (HUD), Perth Amboy Redevelopment Team for Neighborhood Enterprise and Revitalization (PARTNER), Jewish Renaissance Foundation (JRF), PNC Bank, Wells Fargo Housing Foundation, and New Jersey Community Capital (NJCC). Attendance at our homebuyer education programs or participation in one-on-one counseling does not obligate you to receive any other services offered by the Authority or its partners.

Customer's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

*customers experiencing financial difficulty or a hardship can complete a fee waiver form and submit to the Program Director for consideration.

BUDGET FORM

Name: _____

Round all figures to nearest whole dollar.

INCOME:

Take Home Income per month:

First Job _____ \$ _____

Second Job _____ \$ _____

Co Borrower-First Job _____ \$ _____

Co-Borrower-Second Job _____ \$ _____

Other Income _____ \$ _____

Total Net Income for the Month: \$ _____

EXPENSES:

I. Rent (or mortgage)

Housing Payments per Month: \$ _____

Utilities:

Estimates

- Phone \$ _____
- Cable TV \$ _____
- Heat (average over 12 months) \$ _____
- Electric \$ _____
- Water & Sewer \$ _____
- Internet _____ \$ _____
- Other _____ \$ _____
- Other _____ \$ _____

Total Utilities: \$ _____

II. Food and Related Expenses

- Grocery Store per month \$ _____
- Personal Items \$ _____
- Other \$ _____

(Do not include food, lunches, etc.
that are a part of your Daily Diary)

Total Food Expenses \$ _____

III. Transportation**Estimates**

- Car insurance (if annual, divide by 12) \$ _____
- Excise tax (if annual, divide by 12) \$ _____
- Car maintenance (estimate monthly cost) \$ _____
- Public Transportation \$ _____
- Other _____ \$ _____
- Other _____ \$ _____

Total Transportation Expenses \$ _____

IV. Child Care

- Day care/baby sitting \$ _____
- Child Support \$ _____
- After-school programs \$ _____
- Other _____ \$ _____

Total Child Care Expense: \$ _____

V. Clothing**Monthly estimate**

- New clothing/shoes/uniforms (include kids) \$ _____
 *(if you buy in season, divide what you spend by the number of months you buy it)

Total Clothing Expenses: \$ _____

VI. Medical/Health

If your medical/dental insurance already comes out of your paycheck, do not count that amount here. Use following lines for regular and recurring expenses.

- Medical insurance (if paid separately) \$ _____
- Doctor \$ _____
- Medical co-payments \$ _____
 *(multiply # of times you visit by your co pay amount and divide by 12)
- Dentist \$ _____
- Medication \$ _____
- Life Insurance \$ _____
- Disability/accident insurance \$ _____
- Other _____ \$ _____

Total Medical Expenses: \$ _____

VII. Education**Estimates**

- Tuition \$ _____
- Book purchases \$ _____
- School supplies: (if you buy at the beginning divide by 12) \$ _____

Total Education Expenses: \$ _____

VIII. Installment Loans

	Balance	Monthly Payment
• Car loans	\$ _____	\$ _____
• Student loans(if actually paying)	\$ _____	\$ _____
• Personal loans	\$ _____	\$ _____
• Credit union loans	\$ _____	\$ _____
• Layaway	\$ _____	\$ _____
• Furniture	\$ _____	\$ _____
• Other _____	\$ _____	\$ _____

Total Installment Payments: \$ _____

(Note: If your car payment is being wage deducted, do not include. If you'll need another car, make allowances for it.)

IX. Credit Cards

	Payment Required:	Payment You Make
• Master Card	\$ _____	\$ _____
• Visa	\$ _____	\$ _____
• Discover Card	\$ _____	\$ _____
• Store Cards	\$ _____	\$ _____
• Gas Cards	\$ _____	\$ _____
• Consumer Credit Counseling	\$ _____	\$ _____

Total Credit Card Payments: \$ _____

X. Other

List any monthly payments that do not fit into the above categories.
(Cell phone, hair, nails, haircuts, internet, gym, prepaid legal, old debt, etc.)

Estimates

- Other: _____ \$ _____
- Other: _____ \$ _____

\$ _____

XI. Monthly Walking Around Money:

Total from Daily Expense Diary: \$ _____

XII. Yearly Expenses

Include here any yearly expenses that were not accounted for above.

- Vacations \$ _____
- Gifts to Family \$ _____
- Organizational Dues \$ _____
- Other _____ \$ _____
- Other _____ \$ _____

Total \$ _____

Total Per Month: \$ _____

Total Expenses for the Month: \$ _____

Some of items I through XII

Total Net Income \$ _____

Available Savings

\$ _____

Name: _____

Signature: _____ Date: _____

Counselors' Name: _____

Signature: _____ Date: _____