



# HOUSING DEPARTMENT

## REQUEST FOR SERVICES

**I am interested in:**  Home Ownership  Home Buyer's Certificate  Foreclosure Prevention/Loss Mitigation  
 Financial Coaching for Homebuying  Other:

### GENERAL INFORMATION (complete for all programs)

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>
<b>Address</b>	Street			Apartment Number
	City	State	Zip Code	
<b>Email Address</b>				
<b>Phone</b>	Home Phone	Cell Phone	Work Phone	
<b>Date of Birth</b>		<b>Social Security</b>		
<b>Family/Household</b>	Please check one: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Choose not to respond		How many dependents do you have? _____	# of people living in your household (including yourself): _____
<b>Education Completed</b>	<input type="checkbox"/> Never attended school <input type="checkbox"/> Some College (1-3 yrs; incl Associate's) <input type="checkbox"/> K-8 <sup>th</sup> grade <input type="checkbox"/> College Graduate (4-yr degree) <input type="checkbox"/> Some HS (9-12) <input type="checkbox"/> Doctorate/Master's/Professional Degree <input type="checkbox"/> HS Graduate or GED			Additional Information (for example, please let us know if you are a CURRENT STUDENT):
<b>Disabilities</b>	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you require accommodations such a sign language interpreter, wheel chair accessibility etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Language Preference</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
<b>Tax Returns</b>	<input type="checkbox"/> I prepare my own tax return <input type="checkbox"/> I use a tax preparation service How much did you pay for this service? \$ _____ .			
<b>Employment and Income</b>	<input type="checkbox"/> Employed full-time	I earn	\$ _____/hour	\$ _____ monthly
			\$ _____ bi-weekly	\$ _____ annually (BEFORE taxes)
		Additional information: _____.		
<input type="checkbox"/> Employed part-time	I earn	\$ _____/hour	\$ _____ monthly	
		\$ _____ bi-weekly	\$ _____ annually (BEFORE taxes)	
	I work	_____ hours per week		
	Additional information: _____.			
<input type="checkbox"/> Self-employed: Full-time	I earn	_____/hour	_____/monthly	
<input type="checkbox"/> Self-employed: Part-time		_____/biweekly	_____/annually (BEFORE taxes)	
	Additional information: _____.			

<input type="checkbox"/> I am not currently working: <input type="checkbox"/> Permanently disabled <input type="checkbox"/> Temporarily disabled <input type="checkbox"/> Retired <input type="checkbox"/> Stay at-home caregiver/parent <input type="checkbox"/> Student <input type="checkbox"/> Looking for work  Additional information: _____
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<b>Additional Income Sources:</b>	<input type="checkbox"/> Government Assistance      \$ _____/monthly	<input type="checkbox"/> Pension/Retirement Income      \$ _____/monthly
	<input type="checkbox"/> Child Support      \$ _____/monthly	<input type="checkbox"/> Spousal Support      \$ _____/monthly
	<input type="checkbox"/> Unemployment Insurance      \$ _____/monthly	<input type="checkbox"/> Friends or Family      \$ _____/monthly
	<input type="checkbox"/> Other _____      \$ _____/monthly	

<b>Benefits</b>	I currently receive: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other _____
	In the past I have received: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> Other _____

<b>Total Household Income</b>	<i>TOTAL ANNUAL HOUSEHOLD INCOME (BEFORE TAXES; ALL SOURCES)</i>	\$ _____
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<b>Health Insurance</b>	I have health insurance	<input type="checkbox"/> through my employer
		<input type="checkbox"/> through a government program <input type="checkbox"/> I do not have health insurance
	My family members have health insurance	<input type="checkbox"/> through my employer
		<input type="checkbox"/> through a government program <input type="checkbox"/> Not everyone in my family has health insurance

<b>Child Support</b>	I pay child support <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, are you current with your child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The following information is requested by the Federal Government for certain types of loan applications and other programs in order to monitor compliance with equal credit opportunity, federal civil rights laws, fair housing and home mortgage disclosure laws and for our own statistical monitoring. You are *not required* to furnish this information, but are *encouraged* to do so. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner. **All answers are kept strictly confidential.**

<b>Race</b>	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Mixed Race <input type="checkbox"/> I do not wish to provide this information
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<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic, Non-Latino <input type="checkbox"/> I do not wish to provide this information	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>How did you hear about Isles?</b>	
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## Applicant Certification

I certify that all information supplied in this application is true and correct to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application into the program. I also understand that at the completion of this program I am not guaranteed the opportunity to purchase a home.

<b>Applicant Signature</b>	<b>Date</b>
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I certify that I have reviewed all disclosures on this page with the applicant whose signature appears above and have answered all questions the applicant has had regarding the content of these disclosure.

<b>Housing Staff Signature</b>	<b>Date</b>
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## Privacy Policy

Isles, Inc. 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. 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 Pre-purchase Counseling Agreement. 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, 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 balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out,” we will not be able to answer questions from your creditors. Proof of your decision to opt-out must be recorded in your file. If at any time, you wish to change your decisions with regard to your “opt-out,” you may call us at (609) 341-4783 and do so.

### Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic 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 regulation to guard your nonpublic personal information.
4. Share information with HUD for the purpose of grant oversight and Housing Counseling Program monitoring.

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Customer Signature

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Date



## Isles Housing Counseling Program Disclosure Form

*NOTE: If you have an 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.*

Isles Inc. is a 501c3 nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, and financial counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity.

Isles provides the following services to the community:

**Isles Youth Institute (IYI):** Isles Youth Institute offers alternative education options for disengaged students seeking their high school equivalency diploma.

**Financial Opportunity Center (FOC):** FOC is an employer-based financial capability initiative for low-wage and under-served consumers.

**Center for Energy and Environmental Training (CEET):** Isles' CEET is a job training facility, targeting careers in energy efficiency and environmental health.

**Community Planning and Development:** CP&D facilitates collaborative efforts to identify community concerns and priorities, creates stakeholder-led plans to address those concerns and priorities, and secures resources to sustain neighborhood revitalization efforts over the long term.

**Urban Agriculture:** Isles' urban agriculture work addresses hunger, food access, and community disinvestment in Trenton by sharing tools, networks, and resources that empower residents and stakeholders to take action and make healthy choices.

**Environmental Health:** Isles targets the environmental hazards that impact family health through lead testing and home repair and rehabilitation.

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.).

All programs and services offered by Isles, Inc. are free of charge, except where noted on our website or program flyers. There is no fee for Isles one on one housing counseling services. Isles Inc. may charge a fee for workshops / educational group sessions to cover the cost of supplies and manuals only (\$50 per person or \$75 per couple. In those cases where participants cannot afford to pay those costs, Isles will make arrangements with those individuals to scholarship (offer for free) those services.

**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.**

**Client and Counselor Roles and Responsibilities**

<i>Counselor's Roles and Responsibilities</i>	<i>Client's Roles and Responsibilities</i>
<ul style="list-style-type: none"> <li>• Reviewing your housing goal and your finances; 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 Isles Inc. employees, agents, or directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Completing the steps assigned 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 Isles Inc. or your counselor when changing housing goal.</li> <li>• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>

Agency Conduct: No Isles Inc. 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: Isles Inc. has financial affiliation or professional affiliations with more than 100 state, local and national private foundations and corporations. Those include HUD, Housing and Community Development Network of NJ, NeighborWorks America, NJ Housing Mortgage Finance Agency, and banks including Wells Fargo, TD Bank, Bank of America, PNC Bank, Citizens bank, Capital One and JP Morgan Chase. A complete list of our funding sources can be found on our website, [www.isles.org](http://www.isles.org) or you could request a copy of our Annual Report from any staff member. As a housing counseling program participant, you are not obligated to use the products and services of Isles Inc. or our industry funders.

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate in any Isles Inc. programs or 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, or American Credit Alliance, Clarifi or other first-time homebuyer programs. You are entitled to choose whatever real

estate professionals, lenders, and lending products that best meet your needs. Isles will provide information on alternative, services, programs and products.

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 Isles Inc.

Privacy Policy: I/we acknowledge that I/we received a copy of Isles Privacy Policy. \_\_\_\_\_  
Initial

**I/we acknowledge that I/we received, reviewed, and agree to Isles Inc.'s Program Disclosures.**

\_\_\_\_\_  
Customer Signature 1

\_\_\_\_\_  
Customer Signature 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ do hereby authorize Isles Incorporated to obtain and or release any information which may be deemed necessary to assist with housing and/or foreclosure counseling or any other information which may be pertinent to assist with the designated counseling programs applicable to my circumstances.

1. By signing this release form your designated Program Coordinator or Counselor will have unlimited communication with agencies, such as HUD and NJHMFA, groups, organizations and lending institutions for the purpose of specified program counseling. The client may at any time cancel this authorization by submitting written request to do so to their designated counselor.
2. I have read, understand and authorize Isles Incorporated and its staff to request, receive, and share requested information pertinent to my counseling. This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to specific financial data, such as income, budget, debt and mortgage details provided by you.
3. I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.
4. I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire 90 days from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

Loan Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Borrower Name (print) Borrower (signature)

SSN: \_\_\_\_\_

\_\_\_\_\_  
Borrower Name (print) Borrower (signature)

SSN \_\_\_\_\_

Authorized Counselor (print) \_\_\_\_\_

Authorized Counselor (signature) \_\_\_\_\_

Date \_\_\_\_\_