

The Neighbor Project™

HOMEBUYER SERVICES

2018

Lender Preferred Housing Counseling Agency

THE NEIGHBOR PROJECT
32 South Broadway
Aurora, Illinois 60505
(630) 906-9400

EVERLASTING WORD CHURCH
22 North Highland Avenue
Aurora, Illinois 60505
(630) 906-1392
(Satellite Office)

www.neighborproject.us

COUNSELING PACKET

Attached in this packet, are all the necessary forms for THE NEIGHBOR PROJECT'S COUNSELING SERVICES. Please be sure to complete ALL forms and answer ALL questions.

In addition to the packet, you will need UNSTAPLED SINGLE-SIDED COPIES of the additional documentation required that is listed below. The packet and the documentation can be dropped off at the office address listed below **Monday – Friday from 9:00 am to 4:30 pm**. Those copies will become part of your case file to assist us in preparing an Action Plan with you.

- a) Paystubs for the last 2 months for ALL household members. This also includes proof of ANY income (a copy of the most recent award letter) for persons receiving any type of unemployment compensation, disability payments, retirement pension or social security payments, public aid or food stamps. A Profit & Loss statement for the last SIX (6) months will be needed if self employed.
- b) The last 2 years worth of Income Tax Returns, including the W-2 forms, for all members of the household. The W-2 Forms and the Income Tax Returns are TWO separate forms, and both must be submitted. This includes forms submitted for businesses and self-employment. If there are no tax forms submitted, a valid IRS form 4506-T (Request for Transcript of Tax Return) must be submitted. This form can be picked up at the front desk.
- c) The last 3 months bank statements for ALL household members. This would also include any credit union statements and business accounts. ALL PAGES
- d) Copies of statements for credit cards, gas cards, bank cards, car loans, furniture loans, installment loans, student loans, monthly utility bills, wage garnishments and all bankruptcy documents. **IF APPLICABLE** – bring recent mortgage statements, divorce decree and your hardship letter.
- e) You may provide THE NEIGHBOR PROJECT with a printed copy of your free credit report from annualcreditreport.com OR you can receive a copy of your credit report from THE NEIGHBOR PROJECT for a \$25.00 non-refundable fee.

NO APPOINTMENTS WILL BE MADE FOR COUNSELING WITHOUT A COMPLETE PACKET THAT INCLUDES THE ABOVE DOCUMENTS. PARTIAL PACKETS WILL NOT BE ACCEPTED!

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HOUSING COUNSELING SERVICES DISCLOSURE

Purpose of Pre-Purchase Housing Counseling. I/We understand that the purpose of the housing counseling service is to provide one-on-one counseling to help Clients address those problems that prevent affordable mortgage financing. I/We understand as a client I/we am/are required to first attend a workshop in person or online that explains the pre-purchasing process, importance of home inspections and loan options. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

- ***Mortgage Financing Assistance.*** Upon completion of the housing counseling service, I/we understand that the counselor will help to identify those loan programs that best meet my/our needs and choose a lender that is right for me/us. Upon completion of the service, and with my/our permission, my/our Client information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

Purpose of Mortgage Delinquency and Default Resolution Counseling.

I/We understand this housing counseling allows me to work with a housing counselor and determine what mortgage solutions may be available to me/us. I/We understand as a client I am required to first attend a workshop in person or online that explains all foreclosure options and the timelines for the State of Illinois. At my/our one-on-one meeting with a counselor, I/We will discuss my/our personal situation(s). The counselor will review my/our employment, income, debt, and any current issues to help create a budget and action plan. The counselor will work with me/us to create and submit a workout solution to the lender/servicer and provide follow up and negotiations as necessary. The counselor will review the terms of the resolution with me/us and after I/we have been informed I/we will determine the course of action for myself/ourselves.

Purpose of Home Improvement and Rehabilitation Counseling.

I/We understand this housing counseling allows me to work with a housing counselor and determine what mortgage assists, refinancing, and/or rehab products may be available to me. I/We understand as a client I/we am required to first attend a workshop that explains all post-purchase issues. At my/our one-on-one meeting with a counselor to discuss my/our personal situation(s), the counselor will review my/our employment, income, debt, housing needs and any current issues to help create a budget and action plan. I/We will be made aware of other resources available to help with home repairs and other possible financial assistance programs for homeowners. If necessary, I/we may be referred to other agencies for services. Budgeting for the costs of home maintenance, home insurance, city ordinances, and foreclosure prevention are discussed, and the counselor will provide information on grants and or loan products as necessary. The counselor also provides information on avoiding scams that may cause the me/us to lose my/our home.

Purpose of Financial Management/Budget Counseling.

I/We understand that as a client I/we will be required to attend a workshop that provides an overview on various topics: Personal Spending Plan, Savings - Creating and Maintaining, Personal Goal Setting, Borrowing Basics, Understanding and Establishing, Credit, Checking, Savings, Debit and Credit Cards, Homeownership vs. Renting, Investing, Insurance, and Asset Management. At my/our one-on-one meeting financial topics and resources will be

provided to help me/us prepare to become economically self-sufficient. I/We will discuss long/short-term financial stability, how I/we can reach my/our financial goals and build long-term wealth for myself/ourselves and my/our

family. I/We will help develop an action plan, listing required steps, assign who is responsible for completing each step, and completion due dates. The action plan is signed by me/us and the counselor and I/we am/are given a copy for my/our records.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to Clients whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I/we will be referred to a long-term housing counseling service.

Client's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my/our counseling program. This includes but is not limited to missing THREE (3) consecutive appointments OR non-communication with the counselor within a NINETY (90) day period.

MY/OUR PERSONAL INFORMATION AND COUNSELING SERVICES:

By signing this form, I/we agree to share my/our personal, financial, and other private information. Signing this form also allows lenders and THE NEIGHBOR PROJECT to discuss my/our accounts, credit, and finances, and to share my/our nonpublic personal information, described in the Privacy Policy provided with this authorization.

I/We understand that funders provide grants to make the counseling services possible, and that THE NEIGHBOR PROJECT shares my/our information with these funders. These funders review THE NEIGHBOR PROJECT files, including my/our file, and may contact me/us to evaluate the counseling services that I/we receive.

I/We authorize my/our Counselor and THE NEIGHBOR PROJECT to negotiate for me/us. The counseling services are offered free of charge, and neither the Counselor nor THE NEIGHBOR PROJECT guarantees any result or outcome. I/We may be referred to other housing agencies for their services. I/We am/are not obligated to accept services or products from THE NEIGHBOR PROJECT, its partners, or any organization I/we am/are referred to.

I/We understand that my/our Counselor cannot offer me/us legal or other professional advice or representation. If I/we need legal or other professional services I/we can ask my/our Counselor for information about referral services.

THIS SPACE INTENTIONALLY LEFT BLANK

COUNSELING SERVICES CHECKLIST

Client must initial all items that are applicable

I/We have been verbally advised of the fee schedule, if any, prior to services being provided. _____
 I/We understand that the counselor will discuss my/our budget with me/us and I/we will receive a copy of my/our Budget. _____
 I/We understand that the counselor will discuss my/our Action Plan with me/us and I/we will receive a copy of my/our Action Plan. _____
 I/We understand the counselor will explain the next steps needed to reach my/our financial goal to my/our satisfaction. _____

Homebuyer Counseling	_____	Homebuyer Education	_____
Homeowner Counseling	_____	Homeowner Education	_____
Delinquency and Default Counseling	_____	Delinquency and Default Education	_____
Reverse Mortgage Counseling	_____	Fair Housing Education	_____
Tenant Counseling	_____	Homelessness and Displacement Counseling	_____

I/We want to buy a home in the next six (6) months _____ OR I/We want to buy a home, but not in the next six (6) months _____

Other programs, services, or products: _____

For Pre-Purchase Clients only:

I/We have received the HUD forms: “Ten Important Questions to Ask Your Home Inspector” & “For Your Protection: Get a Home Inspection” _____

PRIVACY POLICY

THE NEIGHBOR PROJECT respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with counseling services.

Your “nonpublic personal information” (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

TYPES OF INFORMATION THAT WE GATHER ABOUT YOU:

- Spoken or written information on applications and other documents, 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 IF YOU DO NOT WANT US TO SHARE YOUR INFORMATION:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling THE NEIGHBOR PROJECT.

HOW WE USE YOUR INFORMATION:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

CLIENT CONFLICT OF INTEREST DISCLOSURE

Agency Conduct: No THE NEIGHBOR PROJECT 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, Alternative Services, Programs, and Products & Client Freedom of Choice: From time to time, THE NEIGHBOR PROJECT makes Clients aware of products and/or services that we believe offer good value. These products and/or services might be available directly from THE NEIGHBOR PROJECT, from lenders, developers, or other agencies with which THE NEIGHBOR PROJECT has a working relationship. You are under no obligation to use the products and/or services identified by THE NEIGHBOR PROJECT, whether from us or from industry partners. Please understand that you are free to choose any lender, lending/financing product or property, from any entity, regardless of the recommendations made by the THE NEIGHBOR PROJECT representative, and still participate in our counseling program. It is your right and responsibility to decide whether to engage in any course of counseling with THE NEIGHBOR PROJECT, and to determine whether the counseling is suitable for you. The individualized action plan and direction of our counseling sessions will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling sessions. Additionally, you are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time for any reason.

List of current partners and supporters of THE NEIGHBOR PROJECT: Associated Bank, Bank of America, BBMC Mortgage, BMO Harris Bank, City of Aurora, Dunham Foundation, Emmanuel House, Everlasting Word Church, First Midwest Bank, IHDA, First National Bank, Two Rivers Head Start Agency-Kane County, Kane County 16th Judicial Court, Diamond Residential Mortgage Corp, Guaranteed Rate, Leader One Financial Corporation, NeighborWorks America®, Quad County Urban Leagues, United Way, Kane County Riverboat Fund.

Errors and Omissions and Disclaimer of Liability: I/we agree THE NEIGHBOR PROJECT, 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 THE NEIGHBOR PROJECT’s counseling; and I hereby release and waive all claims of action against THE NEIGHBOR PROJECT 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, THE NEIGHBOR PROJECT, 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 THE NEIGHBOR PROJECT grantors such as HUD, NeighborWorks America, United Way, etc.

Client Authorization:

By signing below, I authorize my employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and THE NEIGHBOR PROJECT. I authorize my Counselor and THE NEIGHBOR PROJECT to collect information about my accounts and to share this information with others, including funders, as needed to provide counseling services, to seek assistance from programs, or for related products and services. I authorize funders to contact me to evaluate programs that I participate in.

I/We have reviewed the above and accept and agree to the above stated Conflict of Interest and Disclosure Policy. Every Client is required to sign this statement, indicating they have read and understand its contents.

I/We, _____ and _____, certify that I/we have read and understand the above statement. Any questions I/we may have had were previously discussed with my/our counselor and answered to my/our satisfaction. I/We have been provided with a copy of this disclosure statement.

Client Signature

____/____/_____
Date

Co-Client Signature

____/____/_____
Date

Counselor Signature

____/____/_____
Date



PERSONAL SPENDING PLAN

A. MONTHLY INCOME (NET)

*Full-time Employment #1: \$ _____
 **Full-time Employment #2: \$ _____
 *Part-time Employment #1: \$ _____
 **Part-time Employment #2: \$ _____
 Unemployment Benefits: \$ _____
 Social Security Benefits: \$ _____
 Disability Benefits: \$ _____
 Retirement Benefits: \$ _____
 T.A.N.F.: \$ _____
 General Assistance: \$ _____
 Alimony / Child Support: \$ _____
 Gifts / Contributions: \$ _____
 Other: \$ _____
TOTAL MONTHLY INCOME: \$ _____

B. HOUSING EXPENSES

Rent/Mortgage: \$ _____ / _____
 2nd Mortgage / HOA \$ _____ / _____

UTILITIES

Light: \$ _____
 Gas: \$ _____
 Water: \$ _____
 Garbage: \$ _____
 Phone/Internet/Cable: \$ _____
 Cell Phone: \$ _____
 Groceries: \$ _____

TRANSPORTATION

Tolls, Buses, Trains: \$ _____
 Gasoline: \$ _____
 Car Repairs/Maint. \$ _____

INSURANCE

Auto Insurance: \$ _____
 Medical/Dental: \$ _____
 Life: \$ _____
 Home: \$ _____
 Child/Dependent Care: \$ _____
 Alimony/Child Support: \$ _____
 Medical Expenses (non-insured): \$ _____
 Clothing/Dry Cleaning \$ _____
 Home Repairs/Maintenance: \$ _____
 Personal/Grooming: \$ _____
 Entertainment: \$ _____
 Health Club: \$ _____
 Church: \$ _____
 Other: \$ _____
 Other: \$ _____
 Other: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

C. LONG TERM DEBTS

CREDITOR	MONTHLY PAYMENTS	BALANCE DUE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

D. SUMMARY OF FINANCIAL CONDITION

Total Monthly Income: \$ _____
 Total Monthly Expenses: \$ _____
 Total Long-Term Debt: \$ _____
 Surplus (Deficit) Total: \$ _____

E. SAVINGS

Savings Balance: \$ _____
 Amount Saved This Month: \$ _____
 Total Amount Saved: \$ _____

 Client Signature
 _____/_____/_____
 Date

 Co-Client Signature
 _____/_____/_____
 Date

* - Client
 ** - Co-Client



ACTION PLAN

Name: _____ File #: _____

Goal: _____

Obstacle

Documentation Debt Repayment Money Management
 Prepurchase Related: _____ Credit Issue(s)
 Savings Mortgage Foreclosure
 Other: _____

Counselor's recommended strategy: _____

Financial Snapshot

Recent Credit Score(s)	_____
Current Savings	\$ _____
Total Gross Monthly Income	\$ _____
Monthly Mortgage/Rent (please circle)	\$ _____
Net Monthly Income	\$ _____
Total Monthly Living Expense	\$ _____
Monthly Debt Obligations	\$ _____
Discretionary Income Left Over	\$ _____

Income Source Summary

Full Time Employ
 Part Time Employ
 Self Employment
 Child Support
 Spouse/Partner Employ
 Other

Assets

Gift Letter
 Tax Refund

Housing Options/Preference

Action/Tasks

1. _____
2. _____
3. _____

Mortgage/Rent Current 30-60 days 60-90 days 120 + days
Next Appointment _____

Client Signature _____ **Date** _____

Co-Client Signature _____ **Date** _____

Counselor Signature _____ **Date** _____

FAMILY HOUSEHOLD SIZE: _____

HOW MANY DEPENDENTS (other than those listed by any co-Client) _____

WHAT AGES ARE THEY _____

ARE THERE NON-DEPENDENTS WHO WILL BE LIVING IN THE HOME? ___ Yes ___ No

(If yes please list below)

_____	_____	_____	_____
Relationship	Age	Relationship	Age
_____	_____	_____	_____
Relationship	Age	Relationship	Age

ANNUAL FAMILY OR HOUSEHOLD INCOME: \$_____

EDUCATION

_____ Below High School Diploma	_____ High School Diploma or Equivalent
_____ Two-Year College	_____ Bachelor's Degree
_____ Master's Degree	_____ Above Master's Degree

REFERRED TO BY

Print Advertisement
 Bank*
 Government
 TV
 Realtor
 Staff/Board Member
 Walk-In
 Friend
 Newspaper Article

***Which bank referred you?** _____

If referred by another source not listed above – please list here

When would you like to purchase a home?

Less than 6 months
 6-12 months
 Over 1 year

Do you have a sales contract? YES NO

What are your major concerns about buying a home? (Check all that apply)

- Saving money for down payment and closing costs
- Clearing up credit problems
- Reducing my current debt
- Finding a home I like in my price range
- Being able to afford the monthly payments
- Different financing options
- Knowing what I can afford
- How to coordinate a purchase/rehab deal



CLIENT EMPLOYMENT (Last 2 Years)

Please Print Clearly

PRIMARY EMPLOYER: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____

____ Part-Time _____ Full-Time

Gross Income (before taxes): _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly

SECONDARY EMPLOYER: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____

____ Part-Time _____ Full-Time

Gross Income (before taxes): _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly

Continue listing previous employers on a separate sheet of paper

CO-CLIENT EMPLOYMENT (Last 2 Years)

Please Print Clearly

PRIMARY EMPLOYER: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____

____ Part-Time _____ Full-Time

Gross Income (before taxes): _____

Is this amount paid ___hourly ___weekly ___every two weeks ___twice a month ___monthly

SECONDARY EMPLOYER: _____

Title Hire Date

Street City State Zip Code

Phone: (_____) _____

____ Part-Time _____ Full-Time

Gross Income (before taxes): _____ Is this amount paid ___hourly ___weekly
___every two weeks ___twice a month ___monthly

Continue listing previous employers on a separate sheet of paper



LIABILITIES/DEBT

Please Print Clearly

Are you currently in Chapter 13 bankruptcy?
 If yes, when did it begin?
 If yes, when will it be paid out?
 If yes, how much is the payment?

___ Yes ___ No
 ___/___/___
 ___/___/___
 \$ _____

___ Yes ___ No
 ___/___/___
 ___/___/___
 \$ _____

Have you had a Chapter 7 bankruptcy?
 If yes, when was it discharged?

___ Yes ___ No
 ___/___/___

___ Yes ___ No
 ___/___/___

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	CLIENT	CO-CLIENT
Checking account	\$ _____	\$ _____
Savings account	\$ _____	\$ _____
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.)? ___ Yes ___ No
 If yes, how much? \$ _____

THIS SECTION INTENTIONALLY LEFT BLANK

AUTHORIZATION

I/We understand that this is not an application for a loan. I/We affirm that all the answers given in this form are true and correct and are for the purpose of determining affordability. You have my/our permission to consult with any person, firm or corporation to verify the accuracy of my statements. I understand that all such information will be held in the strictest confidence.

I/We authorize THE NEIGHBOR PROJECT of Illinois, Inc. to order a Consumer Credit Report to verify credit information and/or to review the credit report I/we provided. The information obtained is only to be used to assist in determining affordability.

I/We will provide a copy of my/our 1003 (loan application), Loan Cost Estimate, and Real Estate Contract to review and determine/confirm affordability.

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 and will end all counseling services and/or relationship with our agency.

Client Signature

___/___/___
Date

Co-Client Signature

___/___/___
Date

NOTES

FOR INTERNAL USE ONLY

Notes/Comments:

Intake Specialist: _____

Date: ___/___/___

Counselor: _____

Date: ___/___/___



MEDIA RELEASE STATEMENT

THE NEIGHBOR PROJECT periodically uses electronic and traditional media (e.g., photographs, video, audio, testimonials) for publicity, educational, or advertising purposes. By my signature on this form, I acknowledge receipt of this document and give permission to THE NEIGHBOR PROJECT and its agents to use such reproductions of my person in any and all forms of media for educational, publicity, or advertising purposes in perpetuity without further consideration from me. I understand that this release is a limited release of any confidentiality rights I may have with THE NEIGHBOR PROJECT and the Privacy Act.

I/We _____ and _____, hereby waive any right to inspect or approve the finished photographs, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I/we waive any right to royalties or other compensation arising from or related to the use of the photograph.

I/We understand that I/we will need to notify THE NEIGHBOR PROJECT if any changes to my/our situation occur that will impact this media release permission.

I/We have read the above Media Release Statement and am/are aware of its contents.

Client _____ Date ____/____/____

Signature _____

Co-Client _____ Date ____/____/____

Signature _____

Signature of Parent **OR** Guardian (if under 18 years of age) - I am the legal guardian of the minor named above and hereby agree that we will be bound by this release.

Signed _____ Date ____/____/____