



DBA of Neighborhood Housing Services of Brooklyn (Bedford-Stuyvesant) CDC, Inc.  
20 Bancroft Place, Brooklyn, New York 11233  
P (718) 919-2100 F (718) 919-2725 [info@bnscdc.org](mailto:info@bnscdc.org) [www.bnscdc.org](http://www.bnscdc.org)

**Dear Homeowner,**

We're so glad that you contacted Brooklyn Neighborhood Services with your mortgage questions/concerns.

To assist us in providing you with the most effective and efficient service, please complete the attached intake form as thoroughly as possible. If there are questions or information you don't understand, that's okay. Do your best with it and we will go through the rest of it together.

There are some specific documents you will need to locate and turn in with your intake form:

- Copy of your mortgage and/or note (if available)
- Last two months of all bank statements
- Any correspondence from the mortgage company or its attorney, even if it's unopened
- Any documents from the courts or the sheriff regarding a foreclosure
- Driver's License or Picture ID for all individuals on mortgage
- Social Security cards for all individuals on mortgage
- Most recent pay stubs for all employment
- Proof of Social Security/Pension (award and/or benefits letter)
- Credit report and Credit analysis
- Last two months of all bank statements
- **All** most recent bills and statements for all expenses
- Tax returns and W2's for the past two years (all pages) if Self-Employed- Year to Date Profit/Loss Statement
- Proof of Rental Income (leases) and bank statements evidencing rental deposits
- A hardship letter that answers the following questions:
  - What caused your situation?
  - How have you tried to fix your financial situation?
  - Why do you want to keep or sell your home?

**Once your completed packet has been received and reviewed, we will contact you to schedule an appointment.**

**You may drop off at our office location at 20 Bancroft Place, Brooklyn, New York, Monday through Thursday between 8:30 AM to 2:30pm, Friday from 8:30am to 1:00pm. Walk-in Thursdays are available from 10AM to 2PM (No appointment needed, first come, first serve)**

Our first appointment will last an hour and a half. Please arrive on time. Many other families are in the same position as you and the demand for our services is high. We often have appointments back-to-back. If you arrive late, we will only be able to work with you for the remaining time of your appointment. You have taken the first step to resolving your situation. We look forward to working with you.



**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

**Reason for Default (Please, circle most significant reason):**

- 1. Business Failure    2. Death of a family member    3. Divorce/Separation    4. Increase in Expense
- 5. Increase in loan payment    6. Loss of income    7. Medical issues    8. Not in Default    9. Other: \_\_\_\_\_
- 10. Poor Budget Skills    11. Reduction in Income (How much income did you lose? \_\_\_\_\_).

**Annual Family or Household Income (REQUIRED!): \$ \_\_\_\_\_**

**Property Type:**

- 1. Co-op    2. Manf. / Mobile home – does not own land    3. Multiplex (2-4 unites)
- 5. Townhouse/Condo    6. Single Family

**Household Type (please select the most accurate)?**

- 1. Female headed single parent household      3. Single adult      5. Married with children
- 2. Male headed single parent household      4. Two or more unrelated adults      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*

\_\_\_\_\_  
*Relationship*      *Age*

**Education (please circle one):**

1. Below High School Diploma    2. High School Diploma or Equivalent    3. Associate degree (2-years)  
 2. Bachelor's degree College    4. Master's Degree    5. Trade    6. Other \_\_\_\_\_

**Referred to by (please circle all that apply):**

- |                     |         |                   |       |                   |
|---------------------|---------|-------------------|-------|-------------------|
| Print Advertisement | Bank    | Government/Agency | 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** Please print clearly

Name: \_\_\_\_\_  
Last MI First

\_\_\_\_\_  
 \_\_\_\_\_

Street  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security Number** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Birth Date**

**Race (Optional - please circle):**

1. Black/African American    2. Asian    3. White    4. Native Hawaiian/Other Pacific Islander  
 5. American Indian/Alaskan Native    6. Other \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Hispanic?** Yes No

**Are you foreign born?** Yes No Language spoken at home (if not English):

\_\_\_\_\_

**Disabled?** Yes No

**Are you a Veteran?** Yes No

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

**Education** (please circle one):

1. Below High School Diploma 2. High School Diploma or Equivalent 3. Associate's Degree

4. Bachelor's Degree 5. Master's Degree Other \_\_\_\_\_

**Relationship to Customer** (please circle one): Spouse Domestic Partner Son/Daughter

Sister Brother Girlfriend Boyfriend Mother Father

Other: \_\_\_\_\_

**CUSTOMER EMPLOYMENT( Last 2 Years) Please Print Clearly**

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

\_\_\_\_\_  
*Title* *Hire Date*

\_\_\_\_\_  
*Address*

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Part Time or Full Time (Circle one) Years in profession: \_\_\_\_\_

*Gross Income (before taxes):* \$\_\_\_\_\_ *Net Income (after taxes):*  
\$\_\_\_\_\_ *Is this amount paid* \_\_\_ hourly \_\_\_ weekly \_\_\_ bi-weekly  
\_\_\_ twice a monthly \_\_\_ monthly

*Secondary Employer:* \_\_\_\_\_

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

\_\_\_\_\_  
*Address*

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Part Time or Full Time (Circle one) Years in profession \_\_\_\_\_

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Part Time or Full Time (Please circle one) Years in

Profession: \_\_\_\_\_

Gross Income (before taxes): \$ \_\_\_\_\_ Net Income (before taxes): \$ \_\_\_\_\_

Is this amount paid  hourly  weekly  every two weeks  bi-weekly  
 monthly

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Part Time or Full Time (Please circle one) Years in Profession:

Gross Income (before taxes): \$ \_\_\_\_\_ Net Income (before taxes): \$ \_\_\_\_\_

Is this amount paid  hourly  weekly  every two weeks  bi-weekly  
 monthly

**ADDITIONAL INFORMATION**

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
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? _____				
Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)?			Yes	No
If yes, how much? \$ _____ From Where? _____				

## AUTHORIZATION

I/We hereby authorize Brooklyn Neighborhood Services to release/exchange information from my records in order to assist me in resolving a mortgage default. This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in resolving a mortgage default. Pull credit report to review with client.

I/We hereby give permission to submit client-level information to the data collection system for The Center for New York City Neighborhood grant, open files to be reviewed for program monitoring compliance purpose and provide authorization to conduct follow-up with client related to program evaluation. All information will be kept confidential between my Counselor and me.

I/We 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.

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.

\_\_\_\_\_  
*Applicant*

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

\_\_\_\_\_  
*Co-Applicant*

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

## LOAN INFORMATION

### Lien (Mortgage) Holder Information:

Lien Holder Name: \_\_\_\_\_

Type: (Please Circle One)      FHA, Fannie Mae, Freddie Mac, Conventional, Other: \_\_\_\_\_

Monthly Payment (Including Escrow): \$ \_\_\_\_\_ Monthly Payment (Excluding Escrow): \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Past Due Amount: \$ \_\_\_\_\_ Principal Balance: \$ \_\_\_\_\_

Months Remaining: \_\_\_\_\_ Date of Last Payment Made: \_\_\_\_\_ Date Hardship Started: \_\_\_\_\_

## MONTHLY BUDGET ANALYSIS

Net Income	Monthly Amount
Employment	
SSI Disability	
Child Support/ Alimony	
Pension Income	
Rental Income	
Self-employment Income	
Disability Income	
Other Income	
<b>Total</b>	

Assets	Monthly Amount
Checking account(s)	
Savings account(s)	
Cash	
CDs	
Retirement account	
401K/ 403B	
Stocks and Bonds	
Money Market account(s)	
Other Liquid Funds	
<b>Total</b>	

Essential Expenses	Monthly Amount	Months Delinquent
<b>Housing</b>		
Mortgage		
2 <sup>nd</sup> Mortgage		
Association Dues		
Property Taxes		
Home Owner's Ins		
Phone		
Cellular Phone		
Water/Sewer		
Electric/Gas		
Trash/Sewer		
Cable TV/ Satellite/Internet		
<b>Subtotal</b>		
<b>Living Expenses</b>		
Groceries/Household		
Food at work/School		
Clothing: Laundry		
Transportation (Gas/		
Insurance (Auto, Medical, Life, etc.)		
Prescriptions		
Credit Card(s)		
Personal Loans		
Student Loans		
Alimony/ Child Sup		
Car Loan		
Medical Bills		
Child Care		
<b>Subtotal</b>		
<b>Other (Specify)</b>		
Other:		
Other:		
Other:		
<b>Subtotal</b>		
<b>Total Expenses</b>		



**AUTHORIZATION RELEASE**

I/We understand that my mortgage servicer and/or HUD may refer me to an independent counseling organization to help me with my financial obligations. For this purpose, I hereby authorize the servicer to release certain financial information, related to my mortgage loan, to Brooklyn Neighborhood Services. All information released to BNS will remain strictly confidential. This information will include, but not be limited to:

- Original Loan Amount | Current Balance
- Payment Due Date | Payment History
- Monthly Payment Amount | Amount Past Due/Date of Last Payment
- Credit Report (s) | Loss Mitigation Agreement

I further hereby authorize BNS to furnish any information regarding my financial status which may assist the servicer or its affiliates in determining whether my homeownership may be preserved by restructuring my loan or by other services. I also authorize BNS to receive copies of documents pertaining to my financial information including, but not limited to: Forbearance Agreement, Modification, Partial Claim, Reinstatement Figures and Payoff Statements.

I understand that BNS receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, are required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I acknowledge that I have received a copy of BNS Privacy Policy.

I may be referred to other housing services of BNS or another agency or agencies, as appropriate, that may be able 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 understand that BNS provides information and education on numerous loan products and housing programs, and I further understand that the housing counseling I receive from BNS and its subsidiaries in no way obligates me to choose any of these particular loan products or housing programs. I, the client, understand that I am not obligated to receive any other services offered by BNS and its subsidiaries or its exclusive partners. BNS will provide information on alternative services, programs and products upon request.

Borrower name: (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Borrower SSI#: \_\_\_\_\_

Co-Borrower (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Co Borrower SSI#: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

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

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORECLOSURE MITIGATION COUNSELING AGREEMENT**

1. I understand that Brooklyn Neighborhood Services, and its subsidiaries provide foreclosure mitigation counseling. Upon completion I will receive a written action plan consisting of recommendations for handling my finances, including possible referrals to other housing agencies as appropriate.
  
2. I understand Brooklyn Neighborhood Services. and its subsidiaries receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, are required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation.
  
3. I give permission for only program administrators and/or their agents to pull my credit report and to follow-up with me for the purposes of program evaluation.
  
4. I acknowledge that I have received a copy of Brooklyn Neighborhood Services, and its subsidiaries privacy policy.

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

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

**HOMEOWNER/COUNSELOR CONTACT**

Brooklyn Neighborhood Services, and its counselors agree to provide the following services:

Development of an action plan

Analysis of any mortgage default, including the amount and cause of default

Presentation and explanation of reasonable options available to the homeowner

Assistance communicating with the mortgage servicer

Timely completion of promised action

Explanation of collection and foreclosure process

Identification of assistance resources

Referrals to needed resources

Confidentiality, honesty, respect, and professionalism in all services

**I/We, \_\_\_\_\_, agree to the following terms of service:**

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will provide all necessary documentation and follow-up information within the timeframe requested.
3. I/We will be on time for appointments which are between 45 to 60 minutes and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
4. I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend an appointment.
5. I/We will contact the counselor about any changes in our situation immediately.
6. I/We understand that breaking this agreement may cause the counseling organization to cease to provide its service assistance to me/us.

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

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

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FEE SCHEDULE

### **Financial Counseling Program**

**Free Service**

The Financial Counseling program focuses on budgeting, credit education and other financial topics. It is intended for clients who have an interest in becoming a homeowner but need to resolve some issues keeping them from securing a mortgage.

No charge: however, a credit report will be required. \*

### **Home Buyer Education (eHome America) On-Line Delivery**

**\$ 99.00**

**The Home Buyer Education On-Line Course** is 8 hours of content instruction the focuses on the home purchase process.

### **Mortgage Delinquency/Foreclosure Intervention Counseling**

**Free Service**

No charge: however, a credit report will be required. \*

### **Pre-Purchase Counseling**

**\$ 75.00**

### **Fast Track Counseling**

**\$ 100.00**

### **Tenant Education & Counseling**

**Free Service**

No fee charged; however, a credit report is required. \*

### **Counseling certificate re-issuance (After 12 months)**

**50.00**

### **Other Fees**

**Credit Reports-** \$14.60 per person. \*(A credit report is not pulled by BNS until we receive written authorization from the client and the fee for the report has been paid.)

## **Acknowledgement of Fee Schedule**

I have read this schedule, and I am aware of the fees. I am responsible to pay for only those services specifically requested. I am not obligated to receive nor pay for any other services that may be offered by BNS or its partners.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

## **PRIVACY POLICY AND PRACTICES OF Brooklyn Neighborhood Services**

We at **Brooklyn Neighborhood Services** (BNS) value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### **Information We Collect**

We collect personal information to support our lending operations, financial fitness counseling, and to aid you in shopping for a home mortgage from a conventional lender. In addition, we collect personal information to assist you with resolving mortgage delinquency. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates, or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

### **Information We Disclose**

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income.
- Information about our transactions with us, our affiliates, or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

### **To Whom Do We Disclose**

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research, and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law. *Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.*

### **Confidentiality and Security**

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling.

We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguard complies with federal regulations to guard your personal information.

\_\_\_\_\_ Initial(s)      \_\_\_\_\_ Initial(s)

**Directing Us Not to Make Disclosures to Unaffiliated Third Parties**

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.



**PRIVACY CHOICES FORM**

**If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.**

**Box 1** – Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

**Box 2** – Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research, and oversight purposes.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have checked any of the boxes above,  
Please mail this form in a stamped envelope to:

**Brooklyn Neighborhood Services  
20 Bancroft Place  
Brooklyn, NY 11233**

*Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.*

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### **Program Disclosure Form**

**About Program Purpose and Us:** The mission of Neighborhood Housing Services of Brooklyn (Bedford-Stuyvesant), CDC, Inc. d/b/a Brooklyn Neighborhood Services (BNS) revitalizes underserved neighborhoods by creating and preserving affordable housing and providing opportunities for homeownership education, financial assistance and community leadership. Working in partnership with government and business, we are led by local residents and guided by local needs. BNS is a nonprofit, HUD-approved housing counseling agency.

We provide housing counseling and education services, including:

- Pre-Purchase Homeownership Education and Counseling: (provide one and one and group counseling, to low- to moderate-income residents, providing them with the details of the home buying process)
- Mortgage Delinquency/Default Counseling: (provide one-on-one counseling to delinquent homeowners in danger of losing their homes to foreclosure, assisting them in obtaining affordable mortgage modifications)
- Financial Literacy & Integrity Education and Counseling: (provide basic financial literacy and money management training to residents, youth and adult)
- Down-Payment and Closing Cost Assistance; (assist income-eligible, first-time homebuyers to receive down payment and closing cost assistance through HPD's Home First Down Payment Assistance Program)

We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. 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.).

**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:**

Counselor’s Roles & Responsibilities	Client’s Roles & Responsibilities
<ul style="list-style-type: none"> <li>• Reviewing your housing goal and your finances</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.</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 or agency 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 your counselor when changing a housing goal.</li> <li>• Attending educational workshops as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>
<p><b>Termination of Services: Failure to work cooperatively with housing counselor and/or BNS will result in the discontinuation of counseling services. This includes, but is not limited to, missing three (3) consecutive appointments.</b>  <b>INITIALS: _____ / _____</b></p>	

**Agency Conduct:** No BNS employee, 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 Relationship:** BNS has a financial affiliation with HUD and other funding entities; however, as a housing counseling program participant, you are not obligated to use any of the products and/or services offered by BNS or any of our industry partners.

**Current funders:**

- NYS Office of the Attorney General, the Center for NYC Neighborhoods, NYC Council, NYC Department of Small Business Services, NYS Affordable Housing Corporation, NYC Department of Housing and Urban Development (HUD), NYC Department for the Aging, NYC Department of Housing Preservation and Development (HPD), JP Morgan Chase, Quontic Bank, Bank of America and Investors Bank.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** Alternative services include:

- Senior Assistance Program (NORC-Naturally Occurring Retirement Community Program), where seniors ages 62 and above receive assistance with transportation, personal shopping, deed theft awareness education, case management and counseling, physical fitness and nutrition and Medicare and Medicaid system navigation assistance.



- Conditional' grants to income-eligible homeowners to make emergency repair and renovations to their home

And as a housing counseling client, you are not obligated to participate in any of these services. You are entitled to choose whatever services and/or products best meet your needs. Please see your **Community Resource Sheet**.

**Referrals and Community Resources:** You will be provided with a community resource list which outlines regional services available to meet a variety of needs, including utility assistance, food banks, and legal aid assistance, among others. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by BNS.

**Privacy Policy:** I/we acknowledge that I/we received a copy of BNS's Privacy Policy.

INITIALS \_\_\_\_\_ / \_\_\_\_\_

**Home Inspection:** I/we acknowledge that I/we received a copy of 'For Your Protection: Get a Home Inspection' and '10 Important Questions to Ask Your Home Inspector'. INITIALS \_\_\_\_\_ / \_\_\_\_\_

**Errors and Omissions and Disclaimer of Liability:** I/we agree that BNS its employees, agents, and directors are not liable for any claims and causes of actions arising from errors or omissions by such parties or related to my participation in [AGENCY] counseling; and I hereby release and waive all claims of action against BNS 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 fully allowed by law. Please note that representatives of BNS do not provide tax or legal advice and that you should consult your tax advisor or attorney for such guidance.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, BNS 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 BNS grantors such as HUD. By signing this Disclosure Statement, I give BNS authorization to share my information with HUD and other third parties, as applicable.

**I/we acknowledge that I/we received, reviewed, and agree to BNS's Program Disclosures:**

_____	_____	_____
<b>Client Signature</b>	<b>Date</b>	<b>Client Name (Print)</b>

_____	_____	_____
<b>Client 2 Signature</b>	<b>Date</b>	<b>Client Signature (Print)</b>

_____	_____
<b>Counselor Signature</b>	<b>Date</b>

**If acceptance of Program Disclosure Form is taken by phone:**

**Counselor's signature above acknowledges that this Program Disclosure Form was read to client and client has verbally agreed to BNS's Program Disclosures. A hard copy of the disclosure was sent to the client on \_\_\_\_\_.**

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**