



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 www.bnscdc.org

First-Time Homebuyer Education Client Intake Form

Dear Applicant:

Thank you for your interest in the First-Time Homeownership Program. Brooklyn Neighborhood Services (BNS) will assist you in making homeownership a successful goal.

Brooklyn Neighborhood Services revitalizes underserved neighborhoods by creating and preserving affordable housing opportunities, financial empowerment and community leadership; working in partnership with national and local government and business, we are led by local residents and guided by local community needs.

The First-Time homebuyer counseling and education program will prepare you for the responsibilities of homeownership and connect you to affordable mortgage products, including down payment and/or closing cost assistance programs.

Please complete the attached application and return it to our office by hand, mail, or fax with a **non-refundable \$75.00** payment to "Brooklyn Neighborhood Services." Acceptable forms of payment include money orders, personal checks and debit/credit card. Please be sure to sign and date the application and check one or more of the services that interest you. Upon receipt of your completed application and payment, you will be contacted to schedule a one-on-one counseling session.

ALL INTAKE PACKETS SUBMITTED MUST BE COMPLETE

The initial consultation provides us with the opportunity to conduct a financial analysis to determine your affordability, credit history, short-term and long-term goals and determine eligibility for possible closing and down payment assistance programs. Because of COVID-19, face to face meetings will be conducted virtually through a video conference platform until further notice. The initial appointment gives the counselor the opportunity to gather your financial documents, explain the counseling process, and discuss how the program may be of service to you.

Completed packages can be mailed or delivered personally to:

Brooklyn Neighborhood Services
20 Bancroft Place
Brooklyn, New York 11233

Required Documents For Counseling

Please note: REQUIRED DOCUMENTS listed below must be submitted for ALL PARTIES/PERSONS who will be purchasing the property BEFORE to scheduling a one-on-one counseling session. (Please refer: Form Submittal Guidelines on page 18)

- 1) Non-Refundable Payment of \$75.00 (Forms of Payment: Personal Check, Money Order and Credit/Debit)
- 2) Completed and Signed First Time Homeownership Intake Forms (All Parties/Persons Applying)
- 3) PHOTOCOPIES (Originals not Required!) of the following documents for ALL APPLICANTS:
 - a. Applicants who receive W-2 Income (Salary) must submit:
 - a. Federal and State Income Tax Returns – 2 most recent years with all tax schedules and employer provided W-2's (and 1099's, if any)
 - b. Bank statements - 3 most recent, ALL PAGES for all checking and savings accounts, even if pages are blank.
 - c. Paystubs for all income sources – 4 most recent if paid weekly, 2 most recent if paid bi-weekly.
 - d. Credit Disclosures/Issues/Demands/Judgements – if past credit problems, submit proof of satisfactory resolution i.e., debtor settlement letters.
 - b. Applicants who are SELF EMPLOYED must submit the following:
 - a. Federal and State Income Tax Returns – 2 most recent years with all tax schedules and 1099's
 - b. Year to Date Profit and Loss Statement (P&L)
 - c. Personal Bank Statements – 3 most recent, all pages for all accounts (checking and savings)
 - d. Credit Disclosures/Issues/Demands/Judgements – if past credit problems, submit proof of satisfactory resolution i.e., debtor settlement letters.
 - e. Letter of Explanation regarding past and current delinquencies (if applicable)

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.

How did you hear about our housing and/or financial literacy program counseling agency?

Member of our staff _____ Print/Radio _____ Friend/Family _____

HUD _____ Bank / Mortgage Servicer _____ Internet search _____ Other _____

Biographic and Demographic Information
Primary Client

Name: _____

First MI Last

Address: _____

Street City State Zip Code

Telephone: Home: (____) ____-____ Work: (____) ____-____

Cell (____) ____-____

Email: _____ Preferred method of contact: _____

____-____-____
Social Security Number

____/____/____
Date of Birth

Best Time to Be Reached: _____

Race (*Optional- please circle one*):

1. White 2. Black or African American 3. Asian 4. Native Hawaiian/Other: Pacific Islander
5. American Indian 6. Hispanic/Latino 7. Other

Marital Status: (*please circle*): 1. Single 2. Married 3. Divorced 4. Separated 5. Widow

Gender _____ Disabled (*please circle*): Yes No

Veteran: (*please circle*) Yes No

Education (*please circle one*):

1. High School Diploma or Equivalent 2. Associate Degree (2 years) 3. Bachelor's Degree
4. Master's Degree 5. Other _____

Current Housing Arrangement:

1. Currently Renting - if so, how long (*If less than 2 years, include previous address and length of time*)?

Previous Address:

2. _____ Homeowner with mortgage How many years _____

_____ Homeowner without mortgage

3. _____ Living with family member (renting/not renting)

4. Other _____

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*):

_____ Head of Household

_____ US Veteran

_____ Single Head of Household

_____ Owned a Home in Last 3 years

_____ 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 (*please circle*)? Yes _____ No _____

If yes, list below:

Employment Status

Primary Client

Employed Full Time _____ Employed Part Time _____ Unemployed (receiving benefits) _____
Unemployed (not receiving benefits) _____ Disabled, receiving benefits _____ Retired _____
Self-Employed _____

Primary Employer:

_____ Title _____ Hire Date _____

_____ Street _____ City State _____ Zip Code _____

Phone: (_____) _____ - _____ (Please Circle): Part-Time or Full-Time

Gross Income (before taxes): \$ _____

If present employment is less than 2-years list Previous Employer:

_____ Title/Position _____

Length of Employment (Please Circle): Part-Time or Full-Time

Secondary Employer:

_____ Hire Date _____

Title

Please Circle: Part-Time / Full-Time Phone: (_____) _____ - _____

Gross Income (before taxes): \$ _____

This amount is paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month
___ monthly

Biographic and Demographic Information
Secondary Client

Name: _____
First MI Last

Address: _____
Street City State Zip Code

Home: (____) _____ - _____ Work: (____) _____ - _____
Email: _____

_____-_____-_____- Birth Date ____/____/_____
Social Security Number

Best Time to Be Reached: _____

Race/Ethnicity / Optional - *please circle one*

1. White 2. Black or African American 3. Asian 4. Native
Hawaiian/Other: Pacific Islander
5. American Indian 6. Hispanic/Latino 7. Other

Marital Status (please check): ___Single ___Married ___Divorced ___Separated
___Widowed

Gender (*please circle*): Male Female Disabled
(*please circle*)? Yes No Veteran: (*please circle*) Yes No

Education (*please circle*):
1. High School Diploma or Equivalent 2. Two-Year Degree 3. Bachelor's Degree
4. Master's Degree 5. Other _____

Relationship to Primary Person 1: _____

Employment Status

Secondary Client

Primary Employer:

Title Hire Date

Address _____
Street City State Zip Code

Phone: (____) ____-____ (Circle One) Part-Time Full-Time

Gross Income (before taxes): \$ _____

If present employment is less than 2-years, list previous employer:

Title Length of Employment

Circle one: Full-Time or Part-Time

Secondary Employer:

Title Hire Date

Street City State Zip Code

Circle one: Full-Time / Part Time Phone: (____) ____-____

This amount is paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month
___ monthly

Household Monthly Income

Type of Income	Primary Client Monthly Amount	Secondary Client Monthly Amount
Salary		
Alimony/Child Support (Proof? Yes/No)		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income (Is it permanent? Yes/No)		
Other Employment		
Totals		

Are you about to receive additional funds (e.g., tax refunds, inheritance etc.)? (circle)Yes/No If yes, how much? \$_____

Debt/Liabilities & Monthly Expenses

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Debt/Liabilities & Monthly Expenses *Please Print Clearly*

Average Monthly Expense Paid To	Current Balance	Monthly Payment	Whose Debt? A-App/C-Co-App, B=Both
1. Rent			
2. Mortgage (Principal and Interest)			
3. Property Taxes, HOA, Insurance			
4. Car Payments			
5. Car Insurance			
6. Credit Cards (Total)			
7. Childcare/Day care			
8. Alimony/Child Support			
9. School Tuition			
10. Medical Debt			
11 Gas/Transportation			
12. Household Utilities (Water, Electric, Gas, Landline, Cable)			
13. Cell Phone			
14 Food (Groceries, Eating out)			
15 Student Loan Debt			
16 Other			
17 Other			
TOTAL			

Savings/Money Market/Investments

Please use additional sheets if necessary

Liquid funds/Savings/Investments

Please

Print Clearly

Please list the approximate value of the following:

	PRIMARY	SECONDARY
Checking account		
Savings account		
Cash		
CDs		
Securities: (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Have you had a Chapter 13 bankruptcy? Yes _____ No _____

If so, has it been discharged or dismissed? Yes _____ No _____

If currently in Chapter 13 bankruptcy, N/A _____ When did it begin? _____

When will it be paid out? _____ What are your payments? _____

Have you had a Chapter 7 bankruptcy? Yes _____ No _____

If yes, was it discharged? Yes _____ No _____

If yes, when was it discharged? _____

Do you have any civil judgement? Yes _____ No _____

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

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"> • Reviewing your housing goal and your finances • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor agency employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying your counselor when changing a housing goal. • Attending educational workshops as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>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.</p> <p>INITIALS: _____ / _____</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.

Privacy Policy and Practices

Agency Relationship: BNS has a HUD-Certified, Housing and Financial Literacy organization, 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:

Government:

- NYC Council - Discretionary and Local Initiatives (HPD), NYC Department of Housing and Urban Development (HUD)

Business:

- Center for New York City Neighborhoods
- NYS Office of the Attorney General
- NYS Affordable Housing Corporation
- JP Morgan Chase
- M & T Bank
- Royal Business Bank
- Hyde & Watson Foundation
- DIME Bank
- New York Foundation for Eldercare
- Cross Country Bank

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

- NORC-Naturally Occurring Retirement Community (NORC) Older Adult Services Program. Seniors, 60 and older, receive direct service including but not limited to: healthcare services, social service counseling, transportation assistance, food insecurity assistance, technology training, and more.
- Emergency Home Repair Assistance: income-eligible homeowners, can receive 'conditional grants' through our partnership with HPD and the NYS Affordable Housing Corporation, up to \$45,000.00 to make the necessary repairs in their home to avoid hazardous living conditions.

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.

Referrals and Community Resources: You will be provided 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.

Client signature (primary)

Client name (primary)

Date

Client signature (secondary)

Client Signature (secondary)

Date

Counselor Signature

Date

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 _____.

Privacy Policy and Practices

Brooklyn Neighborhood Services 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 expenses and personal information concerning your financial circumstances, will be provided to creditors, program managers, and others only with your authorization and signature. 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:

1. Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income;
2. Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card
3. 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. If at any time you wish to change your decision with regard to your “opt-out,” you may contact us at (718) 919-2100 at any time.

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 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 regulations to guard your nonpublic personal information.

I/we acknowledge that I/we have received a copy of Brooklyn Neighborhood Services privacy policy and

practices.

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.

Applicant Signature / Date

Co-Applicant Signature / Date

Authorization to release and obtain credit report

I hereby authorize this organization Brooklyn Neighborhood Services to obtain/review my credit report in my name and request verifications of income and rental history. My credit report will be obtained from a credit-reporting agency chosen by BNS. I understand and agree that BNS intends to use the credit report for the purpose of evaluating my financial readiness to address financial problems including personal goals such as purchase of a home and/or to engage in post-purchase counseling activities.

My signature below also authorized the release to credit reporting agencies of financial or other information that I have supplied to DHC in connection with such evaluation. Authorization is further granted to the credit-reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I _____ authorize/_____ do not authorize.

Brooklyn Neighborhood Services to share with credit agencies, debt collectors and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services. 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.

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.

I understand that I may revoke my consent to these disclosures by notifying Brooklyn Neighborhood Services in writing.

Primary App (Signature)	Primary App Name (Print)	SS#	Date
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Secondary App (Signature)	Secondary App (Print)	SS#	Date
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Supporting Document List

The following documentation, if applicable, is required in order to successfully complete the process. Please make copies of the following and provide to Brooklyn Neighborhood Services.

- _____ Bank Statements
 - _____ Proof of Income (signed tax returns for previous 2 years, including W-2s & 1099's)
 - _____ Most Recent Paycheck Stubs (for last 30 days)
 - _____ Credit Card and Installment Loan Statements or Payment Books
 - _____ Divorce Decree (if applicable)
 - _____ Bankruptcy Documentation (if applicable)
 - _____ Alimony and Child Support Documentation (if applicable)
 - _____ Proof of additional household income (if applicable)
 - _____ Credit Report Fee (See Fee Disclosure Form)
 - _____ Proof of Citizenship (Driver's License or State ID and Social Security Card:
 - _____ Privacy Policy Form
 - _____ Counselor Program Intake Forms and Disclosures (Attached)
 - _____ Other _____
- _____ If you are in process of purchasing a home the following documents are required. (Offer to Purchase Contract, Good Faith, Truth & Lending)

Guidelines for intake form submittals

Dear Applicant,

You may start the first-time homebuyer education process by completing and submitting and Intake Form Application for services with a non-refundable payment for one-on-one counseling.

- **Copies Only.** Submit copies of all pages of required documents. We do not accept originals and we do not make copies. DO NOT Black out any on any document, or it will be considered altered.
 - **Bank Statements.** Submit the last 3 months of bank statements for all accounts. If you use paperless statements, go to your online bank account and search statements and print all pages of the last 3 statements. If a bank statement is 5 pages, submit all 5, even if the half are ads, blank, or contain no personal information
 - **State and Federal Income Taxes.** After 4/15/2022, submit 2021 and 2020 state and federal tax returns. **INCLUDE ALL** pages, schedules, and W2's and/or 1099's – everything you and your tax professional submit to the government. W2 and 1099 Summaries are not acceptable – actual documentation sent to you by your employer is required.
 - **Paystubs.** Submit 2 of your most recent paystubs if wages are paid every other week (Bi-Monthly) and 4 paystubs if wages are paid every week. Do not skip weeks as paystubs must be consecutive.
 - **Co-Applicants.** Anyone purchasing the home with Applicant is a Co-Applicant. Each Co-Applicant must complete the Co-Applicant information and financials and sign and date the authorization, privacy and disclosure statements.
 - **Payment.** The \$75.00 counseling fee is for one or two applicants. Payment can be made in the form of a personal check, money order (Payable to Brooklyn Neighborhood Services) and/or by debit/credit card. We Don Not Accept Cash In lieu of Payment
 - **Bank pre-approval.** Do not go to a bank for pre-approval of a loan prior to receiving counseling, as doing so may lower your credit score, and may not be the best mortgage for the type of property you are seeking to purchase. You may not receive the best terms and may not be a lending institution which we work with to provide down payments assistance and closing grants.
 - **Credit Report.** Your counselor will do a “soft pull” of your credit history, which will not lower your credit score. Do not pull your own credit report and do not include one in your intake package. (See fee Schedule)
- **Check your intake package for completeness.** Please check thoroughly your package for completeness before submission. **INCOMPLETE INTAKE PACKETS WILL CAUSE DELAYS AND MAY BE REFUSED.**
- **Where to mail or submit your intake packet.** You may submit your completed intake packet in person to: Brooklyn Neighborhood Services, 20 Bancroft Place, Brooklyn NY 11233.
- **After submission of your intake packet.** Once your intake packet is submitted and determined to be complete, a counselor will contact you to set up an appointment for one-on-one counseling to determine your mortgage-readiness and next steps.
- **Financial Coaching.** We strongly encourage all prospective homeowners, regardless of mortgage readiness, to participate in the Financial Literacy and Integrity Program – A Nine (9) Step Program – Virtual 3 Week Workshop.

10 Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer inspectors can be highly qualified, and many work with a partner or have access to more experienced inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some inspector associations and state regulations allow the inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the inspector's reporting style and if the time parameters fulfill your needs. Most inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.