

PUTNAM COUNTY HOUSING CORPORATION  
11 SEMINARY HILL ROAD  
CARMEL, NEW YORK 10512

HOME BUYER INTAKE FORM

Applicant

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

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

\_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soc. Security #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Currently You: *Own Rent*

If Rent, How Long: \_\_\_\_\_

Housing Payment: \$ \_\_\_\_\_

Are you receiving Sect. 8: Yes No

Self-Employed: Yes No

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

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

Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Annual Gross Income: \$ \_\_\_\_\_

Sources(s): \_\_\_\_\_

Co-Applicant

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

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

\_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soc. Security #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Currently You: *Own Rent*

If Rent, How Long: \_\_\_\_\_

Housing Payment: \$ \_\_\_\_\_

Are you receiving Sect. 8: Yes No

Self-Employed: Yes No

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

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

Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Annual Gross Income: \$ \_\_\_\_\_

Sources(s): \_\_\_\_\_

1. Total number of family members in household: \_\_\_\_\_

1a. Total additional income from household members over the age of 18: \$ \_\_\_\_\_ (Required)

2. Total number of family members in household under the age of 18 \_\_\_\_\_ (#of persons)

3. What amount do you currently have for down payment: \$ \_\_\_\_\_ (Estimate)

4. Have you or your Co-Applicant/Spouse owned a home within the last three (3) years of the date of this application? YES \_\_\_\_\_ NO \_\_\_\_\_

4a. If "YES", explain the circumstances under which you no longer own a home: \_\_\_\_\_

5. Are you currently on the note and mortgage of deed of a property with someone else?  
YES \_\_\_\_\_ NO \_\_\_\_\_

\*Please be advised this is NOT an application to apply for financing or grant assistance. This is used for registration and demographics purposes only.

\*\* The following questions are being asked for statistical purposes. Your answer will not affect, in any way, your enrollment for our programs:

6. Household Type: \_\_\_\_\_

7. Applicant: Female/Male Co-Applicant: Female/Male

8. \*\* App Race (Head of Household):

White: \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American & White \_\_\_\_\_ Hispanic & Black or African American \_\_\_\_\_ Other Multi Racial \_\_\_\_\_

9. Active Military YES \_\_\_\_\_ NO \_\_\_\_\_ Veteran: YES \_\_\_\_\_ NO \_\_\_\_\_  
Language: \_\_\_\_\_ Education Level: \_\_\_\_\_

10. Are you a U.S. Citizen(s): YES \_\_\_\_\_ NO \_\_\_\_\_

11. Please list your monthly debt / liabilities:

COMPANY	BALANCE OWED	MINIMUM MONTHLY REQUIRED PAYMENT	STATUS OF ACCOUNT

12. Have you ever been sued for a non-payment of a debt, had a garnishee against your wages or filed Bankruptcy? YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", Please explain: \_\_\_\_\_

13. Have you seen your credit report in the last 90 days? If not, when? \_\_\_\_\_  
Credit Score: \_\_\_\_\_

14. Do you have any outstanding unpaid collection/charge off accounts? \_\_\_\_\_

15. How did you hear about us: TV/RADIO (Please specify Channel/Date): \_\_\_\_\_

HUD PRINT/MEDIA: \_\_\_\_\_ FRIEND/RELATIVE LENDER

OTHER: (Please specify): \_\_\_\_\_

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

\*Please be advised this is NOT an application to apply for financing or grant assistance. This is used for registration and demographics purposes only.

**PUTNAM COUNTY HOUSING CORPORATION**  
**Privacy Policy**

Putnam County Housing Corporation 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 "non-public personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, 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 may 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 usage; and
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.
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.

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.
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 understand that my name and telephone number will not be shared with other parties, but that other information gathered may be used for research, program or policy development, or other legitimate purposes by the New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of foreclosure prevention services.*

CLIENT'S NAME (Print) \_\_\_\_\_

CLIENT'S NAME (Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

PUTNAM COUNTY HOUSING CORPORATION

**OPT-OUT ELECTION FORM**

Foreclosure Mitigation Counseling Privacy Disclosure

1. I understand that Putnam County Housing Corporation (PCHC) provides foreclosure mitigation counseling with funding from the U.S. Department of Housing and Urban Development (HUD) and other State and Federal agencies.
  
2. I understand as a part of funding requirements, some of my personal information will be shared with program administrators or their evaluators.
  
3. I acknowledge that I have received a copy of Putnam County Housing Corporation's Privacy Policy. I have elected to OPT-OUT of disclosures of my nonpublic personal information to third parties.

Client Name \_\_\_\_\_ Client Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\***Only sign this page if you are Opting Out**\*\*\*\*\*

**Putnam County Housing Corporation  
Comprehensive Housing Counseling Program Disclosure**

I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to assist me/us with our counseling needs. The counselor will analyze my/our financial situation, identify those barriers preventing me/us from resolving our current situation, and develop a plan to remove those barriers. 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.

Funders include U.S. Department of Housing and Urban Development, New York State Attorney General's Office, the New York State Division of Housing and Community Renewal and the State of New York Mortgage Agency.

Putnam County Housing Corporation offers the following services and has financial relationships with following industry partners:

- HUD Housing Choice Voucher Program (Section 8)
- HUD Comprehensive Housing Counseling Program
- NYS Attorney General's Home Ownership Protection Program (HOPP)
- SONYMA/NCC Restart Program
- Family Self-Sufficiency Program (FSS)
- Federal Home Loan Bank (FHLB) Homebuyer Dream Program with local partners:  
Tompkins Mahopac Bank; M & T Bank; PCSB Bank; and Hudson Valley Federal Credit Union.
- Lakeview Housing Development Fund
- Gleneida Housing Development Fund
- Gleneida Senior Apartments
- Senior Housing at Mahopac Hills

I/We understand that Putnam County Housing Corporation provides information and education on alternative services, programs and products. I/We further understand that we are not obligated to receive any other services offered by the organization or its exclusive partners.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Putnam County Housing Corporation**  
11 Seminary Hill Road, Carmel, NY 10512  
845-225-8493  
845-225-8532 Fax

**Authorization to Release Information**

Dear Sir or Madam:

I/We are working with the Putnam County Housing Corporation in Carmel, New York (a HUD certified counseling agency) (PCHC). I/We hereby authorize you to release any and all information concerning our account to the PCHC at their request. I/We further authorize you to discuss our case with Margherita Diaz or Suzanne Brought.

You may release additional information to the PCHC in the future without further authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Make a Budget

Use this worksheet to see how much money you spend this month. Then, use this month's information to help you plan next month's budget.

Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## My income this month

Income	Monthly total
Paychecks (salary after taxes, benefits, and check cashing fees)	\$
Other income (after taxes) for example: child support	\$
<b>Total monthly income</b>	<b>\$</b>

## My expenses this month

	Expenses	Monthly total
HOUSING	Rent or mortgage	\$
	Renter's insurance or homeowner's insurance	\$
	Utilities (like electricity and gas)	\$
	Internet, cable, and phones	\$
	Other housing expenses (like property taxes)	\$
FOOD	Groceries and household supplies	\$
	Meals out	\$
	Other food expenses	\$
TRANSPORTATION	Public transportation and taxis	\$
	Gas for car	\$
	Parking and tolls	\$
	Car maintenance (like oil changes)	\$
	Car insurance	\$
	Car loan	\$
	Other transportation expenses	\$

# Make a Budget

	Expenses	Monthly total
HEALTH	Medicine	\$
	Health insurance	\$
	Other health expenses (like doctors' appointments and eyeglasses)	\$
PERSONAL AND	Child care	\$
	Child support	\$
	Money given or sent to family	\$
	Clothing and shoes	\$
	Laundry	\$
	Donations	\$
	Entertainment (like movies and amusement parks)	\$
	Other personal or family expenses (like beauty care)	\$
FINANC	Fees for cashier's checks and money transfers	\$
	Prepaid cards and phone cards	\$
	Bank or credit card fees	\$
	Other fees	\$
OTHER	School costs (like supplies, tuition, student loans)	\$
	Other payments - credit cards	\$
	Other payments - credit cards	
	Other payments - credit cards	
	Other expenses this month	\$
	<b>Total monthly expenses</b>	\$

$$\begin{array}{c}
 \$ \quad \quad \quad \\
 \text{Income}
 \end{array}
 -
 \begin{array}{c}
 \$ \quad \quad \quad \\
 \text{Expenses}
 \end{array}
 =
 \$ \quad \quad \quad$$

Maybe your income is more than your expenses. You have money left to save or spend.

Maybe your expenses are more than your income. Look at your budget to find expenses to cut.