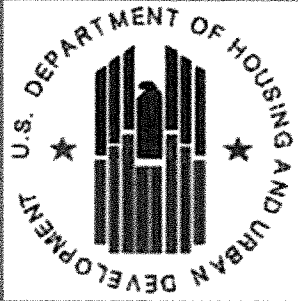


FUNDERS  
INCLUDE



## Putnam County Housing Corporation (PCHC)

11 Seminary Hill Road, Carmel, NY 10512

845-225-8493

845-225-8532 Fax

### First Time Homebuyer Counseling Application

Dear Homebuyer:

Putnam County Housing Corporation (PCHC) offers an enhanced First Time Homebuyer Counseling Program to prepare you for homeownership. Topics will include; housing goals, credit review, budget, savings, mortgage readiness, finance options and down payment assistance grants such as the Federal Home Loan Bank of New York Homebuyer Dream Program. The PCHC will work with you in a one-on-one counseling session, to help you reach your ultimate goal of homeownership. As part of the counseling program, an educational course is offered and a certificate will be issued after completion. Please complete the attached application and return it to the office.

#### The following documents are required along with our Intake Application:

1. Copy of drivers license or State issued photo ID.
2. Employment info:
  - Copies of most recent pay stubs for all potential homeowners – 2 months.
  - Copies of the most recent award letter for: Social Security, SSI, and Pension.
  - Copies of the past two years W2's.
  - Copies of the past two years signed and dated tax returns (Federal) all pages.
  - If self-employed: copies of the past 3 years signed and dated income tax returns and copies of the most recent Quarterly Profit and Loss statement signed and dated.
3. Copy of your credit report which you can obtain for free at [www.annualcreditreport.com](http://www.annualcreditreport.com).
4. Copies of your most recent checking, savings and investment statements – 2 months all pages.

#### Homebuyer Education:

PCHC partners with eHome America to provide an online Home Buyer education course. The client registers through the eHome portal ([www.ehomeamerica.org/putnamhousing](http://www.ehomeamerica.org/putnamhousing)) and pays a fee of \$99. It is an 8 Hour course that can be taken at your leisure.

When the Intake application is complete and all other necessary documentation has been collected, please return to PCHC either by mail: 11 Seminary Hill Rd., Carmel NY, 10512, or by fax: 845-225-8532. You may also scan & email to [kagreeneputhousing@aol.com](mailto:kagreeneputhousing@aol.com) or drop off at the office.

Once all documentation is received, the counselor will call to set up an appointment. Your counseling session should take about an hour and we ask that you please be on time.

As a HUD Certified Housing Counseling Agency, we look forward to working with you as your housing advocate.



**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: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_  
Disabled: Yes No  
Date of Birth: \_\_\_\_\_  
Soc. Security (last four #'s): \_\_\_\_\_  
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: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_  
Disabled: Yes No  
Date of Birth: \_\_\_\_\_  
Soc. Security (last four #'s): \_\_\_\_\_  
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: \_\_\_\_\_

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



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

6. **Race\***

- American Indian \_\_\_\_\_
- Asian \_\_\_\_\_
- Black/African American \_\_\_\_\_
- White \_\_\_\_\_
- Alaskan Native \_\_\_\_\_
- Hawaiian Native \_\_\_\_\_
- Multiple Race \_\_\_\_\_
- Other \_\_\_\_\_

Do Not Wish to Disclose \_\_\_\_\_

7. **Ethnicity\***

- Hispanic \_\_\_\_\_
- Non-Hispanic \_\_\_\_\_

8. Active Military YES \_\_\_\_\_ NO \_\_\_\_\_

9. Veteran: YES \_\_\_\_\_ NO \_\_\_\_\_

10. Language: \_\_\_\_\_

11. Education Level: \_\_\_\_\_

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

13. Please list your monthly debt / liabilities:

COMPANY	BALANCE OWED	MINIMUM MONTHLY REQUIRED PAYMENT	STATUS OF ACCOUNT

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

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

16. Do you have any unpaid collections and/or charge offs? \_\_\_\_\_

17. How did you hear about us: HUD \_\_\_\_\_ Print/Media \_\_\_\_\_  
 Friend/Relative \_\_\_\_\_ Lender \_\_\_\_\_

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

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

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



# Privacy Policy

Putnam County Housing Corporation (PCHC) 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:

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

## What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and /or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others such as your account balance, monthly payment history, and method of payment.
- Information we receive from a consumer credit reporting agency such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information, but this information **may not** be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

## How is your personal information secured?

We restrict access to your nonpublic personal information to PCHC employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

## Opting Out of Certain Disclosures

You may direct PCHC to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit PCHC's ability to provide services such as foreclosure prevention counseling. If you choose to opt out, please sign below under the "Opt Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

**RELEASE:** I hereby authorize PCHC to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

\_\_\_\_\_  
Name 1 (Printed)                      Signature                      Date                      Name 2 (Printed)                      Signature                      Date

**OPT OUT:** I request that PCHC make do disclosures of my nonpublic personal information to third parties other than Project partners and those permitted by law. By choosing this option, I understand that PCHC will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting PCHC.

\_\_\_\_\_  
Name 1 (Printed)                      Signature                      Date                      Name 2 (Printed)                      Signature                      Date



# 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. Type of services we provide are:

- Mortgage Delinquency and Default Resolution Counseling
  - Provides counseling to homeowners at risk or in foreclosure
- Pre-purchase Counseling
  - Preparing clients to become first time homebuyers
- Reverse Mortgage Counseling
  - Provides statutory-required counseling to clients age 62 or older who are interested in obtaining an FHA-insured HECM.
- Pre-purchase Homebuyer Education
  - Partners with eHomeAmerica to provide online homebuyer education for a fee of \$99.00

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



<b>HEALTH</b>	<b>Expenses</b>	<b>Monthly total</b>
	<b>Medicine</b>	\$
	Health insurance	\$
<b>PERSONAL / FAMILY</b>	Other health expenses (like doctors' appointments and eyeglasses)	\$
	<b>Child care</b>	\$
	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)	\$
	<b>FINANCE</b>	<b>Fees for cashier's checks and money transfers</b>
Prepaid cards and phone cards		\$
Bank or credit card fees		\$
Other fees		\$
School costs (like supplies, tuition, student loans)		\$
<b>OTHER</b>	<b>Other payments - credit cards</b>	\$
	Other payments - credit cards	\$
	Other payments - credit cards	\$
	<b>Other expenses this month</b>	\$
	Other expenses this month	\$
	Other expenses this month	\$
	<b>Total monthly expenses</b>	\$

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

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.

