

(Print Name)

Reside at _____

I.

(Please print - building address, apt#, City & State, Zip)

Hereby authorize **CHOICE OF NY, Inc., and its employees** to request, examine and copy any and all information and documents concerning me or my case for financial assistance.

CHOICE OF NY, Inc. and its employees are authorized to discuss my case with other Eviction prevention agencies, government agencies, landlords, employers, businesses, individuals, and any other necessary parties regarding my housing situation.

I also authorize **CHOICE OF NY, Inc., and its employees** to inquire into the status of my housing situation with my landlord. The purpose of this inquiry is for monitoring and data analysis purposes.

I acknowledge all the information provided in considering my case for financial assistance, is true and accurate at the time of my application.

Signature

Date



Date:	Date of Birth:	Social Security Number:				
Name:		DSS Case # (if applicable)				
Current						
Address:						
Street A	Address	Apt #	City/Tow	'n	Zip Code	
Cell Phone:		Home:	Bu	siness:		<i>Ema</i>
Address:						
Ethnicity (pleas	e circle): Caucasian / Af	Frican American / H	ïspanic / Asian / Am	erican India	an / Other	
Marital Status:	SingleMarried	Separated	DivorcedWi	idowed	other	
•	ate's Name		Social Security	Number_		
D.O.B.		A = -	J C f h h	<u>.</u>		
Number of Chil	dren in the Household:	Age	s and Sex of each ch (Ex. F 5, M 14)			
Number of peop	ple living in household:		(EA. F 3, WI 14)	/		_
	mily/Household Income 000\$10,000-\$15,000		29,000,0 2 9,000	20.000	Quan \$20,000	
Under\$10,	,000\$10,000-\$13,000	\$13,000-\$20	,000 \$20,000-\$3	50,000	Over \$50,000	
Employer		Job Title	H	low long th	ere	_
Spouse/ Roomm	ate Employer		Job Title			
What assistance	e are you applying for?					
Housing Inform	nation.					
0		•	nt/Mortgage: \$ nant share \$		Incl.?	
	1 Bedroom		Number of	Months Ow	ved:	
	2 Bedrooms		Total Arrea	ars Owed:	\$	
	3 Bedrooms		Amount Yo	u Can Pay:	\$	
	Other		Assistance R	Requested:	\$	
How long have	you resided there?		nount of Assistance : mily /Friends)	from othe	r sources: \$	
Do you have a l	ease? Yes No	,	•			
•	ved or applied for renta hich agency/agencies	-	<u>my</u> agencies in the p			

ADVOCACY AND CASE MANAGEMENT SERVICES

Current Landlord Name	Telephon	e E1	nail
Monthly payment is made out to			
Address			
Street	Apt#	City	Zip
Landlord's Attorney: Name	Те	elephone:	
Have you received a Legal Notice of Do you have 72 hour notice?			(please include a copy)
Do you have a Court Date or have Is this your first time in arrears? _	you already been to Court?		
Do you owe utilities? Electric/Gas Telephone	amount owed: \$ e amount owed: \$		
Do you receive a subsidy (such as S Agency contact person & telephon			
	e number: rent and/or balance if you are a		
Agency contact person & telephon (<u>Must provide share letter</u>) How will you continue to pay your month's rent for a new apartment For First Months Rental Assistanc Address of the new apartment	e number: rent and/or balance if you are a ? e Only:	ssisted with one month'	s rental arrears or the first
Agency contact person & telephon (<u>Must provide share letter</u>) How will you continue to pay your month's rent for a new apartment For First Months Rental Assistanc Address of the new apartment	e number: rent and/or balance if you are a ? e Only: <i>treet address</i> A	ssisted with one month'	s rental arrears or the first
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Agency contact person & telephon (<u>Must provide share letter</u>) How will you continue to pay your month's rent for a new apartment' 	e number:	ssisted with one month'	s rental arrears or the first

** Your signature will allow this information and any supporting documents to be released to other agencies on your behalf.

(Signature of Applicant)

(Signature of referring Caseworker)

(Name of Agency accepting application)

(Signature of accepting Caseworker)

Documentation Checklist

- 1. ____ Documentation of Pending Homelessness (Landlord Notice, Court Documents, Housing Code Violations, Utility cut off Notice, Other)
- 2. ____ Letter of explanation stating hardship that caused arrears or reason for financial assistance.
- 3. ____ Current Lease and Rent Ledger
- 4. ____ Birth Certificate (<u>All household members</u>) & Photo Id's (<u>Adults Only</u>)
- 5. ____ Green Card/Passport/Benefit Card/ (All household members)
- 6. ____ Social Security Cards (<u>All Household Members</u>)
- 7. ____ 6 Current Pay Stubs (if applicable) (All Household member(s), 18 yrs. or older)
- 8. ____ Updated Budget Sheet (Dept. of Social Services) / _____ Section 8 share letter
- 9. ____ Award Letters (Social Security/SSI)
- 10. ____ Denial Letter (Dept. of Social Services)
- 11. ____ Employment Pension/Disability Benefits Verification (if applicable)
- 12. ____ Unemployment Benefits Verification (18 yrs. or older)
- 13. ____ Verification of all expenses (Utility Bills/Cable/Con Edison/Childcare/Other)
- 14. ____ All Pages of Last 3 mos. For <u>all</u> Bank Statements (Checking/Saving/CD, etc.)
- **15.** ____ Discontinue Letter from Social Services/Unemployment (if applicable)
- 16. ____ Marriage Certificate/ (Divorce/Separation Documents)
- 17. ____ Court Ordered Child Support/Adoption/Foster Care/Alimony
- 18. ____ W-2 & Most recent Tax Return
- 19. ____ Military Service Documentation (if applicable)
- 20. ____ Notarized Statement from Child Care Provider/ After School Program (working/ Attending School)
- 21. ____ Guarantee Letters from all agencies providing assistance



Program Disclosure Form

<u>NOTE</u>: If you have an impairment, disability, or 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.

<u>Client and Counselor Roles and Responsibilities:</u>

Counselor's Roles and Responsibilities

- Reviewing your housing goal and your finances, which include your income, debts, assets, and credit history.
- 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 that will help you manage your debt, expenses, and savings.
- 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 CHOICE employees, agents, nor directors may provide legal advice.

Client's Roles and Responsibilities:

- Completing the steps assigned to you in your Client Action Plan.
- Providing accurate information about your income, debt, expenses, credit, and employment.
- Attending meetings, returning calls, and providing requested paperwork in a timely manner.
- Notifying CHOICE or your counselor when changing housing goals.
- Attending educational workshop(s) as recommended.
- Retaining an attorney if seeking legal advice and or representation in matters such as foreclosure or bankruptcy protection.

TERMINATION OF SERVICES

Failure to work cooperatively with CHOICE will result in the discontinuation of services. This includes but is not limited to, missing three consecutive appointment, and failing to submit necessary documents requested by your case manager or CHOICE.

<u>Agency Conduct:</u> No CHOICE employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

<u>Agency Relationships:</u> CHOICE has financial affiliations and/or professional affiliations with HUD, New York State Attorney General's Office, Westchester County, including but not limited to the cities of White Plains, New Rochelle, and Peekskill, as well as with various financial institutions. As a program participant, you are not obligated to use the products and services of CHOICE or our industry partners.

<u>Alternative Services, Programs, and Products and Client Freedom of Choice:</u> You are not obligated to participate in this or other CHOICE programs and services while you are receiving housing counseling from CHOICE. You may consider seeking alternative products and services from entities and you are entitled to choose whatever services best meet your needs.

<u>Referrals and Community Resources:</u> You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by CHOICE and its partners and affiliates.

Privacy Policy: I/we acknowledge that I/we received a copy of CHOICE's Privacy Policy. Initial:

Errors and Omissions and Disclaimer of Liability: I/we agree that CHOICE, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in CHOICE housing counseling; and I hereby release and waive all claims of action against CHOICE and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, CHOICE, 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 CHOICE's grantors such as HUD or Other Funding organizations.

I/we acknowledge that I/we received, reviewed, and agree to CHOICE 's Program Disclosures.

Name 1 Signature	Date	Counselor Signature	Date
Name 2 Signature	Date	-	

Privacy Policy

NOTE: If you have an impairment, disability, or 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.

CHOICE, 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic personal information.

What is nonpublic personal information?

• Information that identifies an individual personally and is not otherwise publicly available, such as your Social Security Number or demographic data such as your race and ethnicity

• Includes personal financial information such as credit history, income, employment history, financial assets, bank account information, and financial debts

What personal information does CHOICE collect about you?

- We collect personal information about you from the following sources:
- Information that you provide on applications and forms, in email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit reports

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, 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 CHOICE 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 CHOICE 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 CHOICE '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.

OPT OUT: I request that CHOICE make no 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 CHOICE will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting CHOICE.

Name 1 Signature	Date	Counselor Signature	Date	
Name 2 Signature	Date			

RELEASE: I hereby authorize CHOICE 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 Signature	Date	Counselor Signature	Date
Name 2 Signature	Date	-	



Date:M	ONTHLY BUDG	<u>ET</u>	Name:
HOUSEHOLD INCOME:	HH Size: ()	<u>M</u> (
	<u>SELF</u>	OTHER	He
Income:	\$	\$	Re
(Weeklyx4)			Ma
(Bi-Weekly/semi-monthly	x2)		Ut
NET INCOME (including tips):			Ca
Take home amount \$	\$	\$	<u>Pe</u>
(circle one) weekly, bi-weekly or	r semi-monthly		Τα
			Ce
Sources of Income:			Gi
Pension	\$	\$	La
			<u>Tr</u>
Annuity/401/403B	\$	\$	Fu
			Tr
SSI/ SSD/ SSA	\$	\$	Ca
			Ca
Unemployment	\$	\$	De
			Cr
Veterans Benefits	\$	\$	Lo
	- *	*	<u>Ot</u>
Public Assistance/TANE	s	\$	Ch
	.	ф.	Ch
Food Stamps	\$	\$	M
	Φ	ሰ	En
Child Support	⊅	\$	<u>Ot</u>
	.	ф.	
Alimony/Palimony	\$	\$	
Other (Please Specify)	\$	\$	
Gross Income\$	Net Income \$		Expenses \$

am	••		

MONTHLY EXPENSES:

Housing:		
Rent/Mortgage	\$	
Maintenance	\$	
Utilities (avg. monthly bill)	\$	
Cable/ Internet/ Phone (avg. bill)	\$	
Personal:		
Toiletries	\$	
Cell Phone	\$	
Groceries	\$	
Laundry / Dry Cleaning	\$	
Transportation:		
Fuel/ Gas	\$	
Transportation (bus/train)	\$	
Car Payment	\$	
Car Insurance	\$	
Debt:		
Credit Cards Payment(s)	\$	
Loan payments	\$	
Other Expenses:		
Child Support (you paid)	\$	
Child Care	\$	
Medical Expenses	\$	
Entertainment	\$	
Other Expenses (Please List)		
	\$	
	\$	
	\$	
	•	

_ Net Income – Expenses \$___