



I, _____
(Print Name)

Reside at _____
(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 Address Apt # City/Town Zip Code

Cell Phone: _____ Home: _____ Business: _____ Email

Address: _____

Ethnicity (please circle): Caucasian / African American / Hispanic / Asian / American Indian / Other _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ other _____

Spouse/Roommate's Name _____ Social Security Number _____

D.O.B. _____

Number of Children in the Household: _____ Ages and Sex of each child: _____
(Ex. F 5, M 14) _____

Number of people living in household: _____

Total Gross Family/Household Income:

Under _____ \$10,000 _____ \$10,000-\$15,000 _____ \$15,000-\$20,000 _____ \$20,000-\$30,000 _____ Over \$30,000

Employer _____ Job Title _____ How long there _____

Spouse/ Roommate Employer _____ Job Title _____

What assistance are you applying for? _____

Housing Information:

Size of Unit: _____ Number of Rooms _____ Monthly Rent/Mortgage: \$ _____ Heat Incl.? _____

Section 8 tenant share \$ _____

_____ 1 Bedroom

Number of Months Owed: _____

_____ 2 Bedrooms

Total Arrears Owed: \$ _____

_____ 3 Bedrooms

Amount You Can Pay: \$ _____

_____ Other

Assistance Requested: \$ _____

How long have you resided there? _____ Amount of Assistance from other sources: \$ _____
(Family /Friends)

Do you have a lease? Yes _____ No _____ (Please include a copy)

Have you received or applied for rental assistance from any agencies in the past 12 months? _____

If "yes" from which agency/agencies _____



Current Landlord Name _____ Telephone _____ Email _____

Monthly payment is made out to _____

Address _____
Street Apt# City Zip

Landlord's Attorney: Name _____ Telephone: _____

Have you received a Legal Notice or Demand Letter? _____ Date Received _____ (please include a copy)

Do you have 72 hour notice? _____ (please include a copy)

Do you have a Court Date or have you already been to Court? _____ (Y/N and Date)

Is this your first time in arrears? _____ If "no" how many times before and when? _____

Do you owe utilities? Electric/Gas amount owed: \$ _____ Home Heating Oil \$ _____
Telephone amount owed: \$ _____

Do you receive a subsidy (such as Section 8, DSS) _____ (Y/N) By what agency? _____

Agency contact person & telephone number: _____
(Must provide share letter)

How will you continue to pay your rent and/or balance if you are assisted with one month's rental arrears or the first month's rent for a new apartment?

For First Months Rental Assistance Only:				
Address of the new apartment _____				
	<i>Street address</i>	<i>Apt #</i>	<i>City/Town</i>	<i>Zip</i>
Landlord's Name _____		Telephone# _____		

FOR AGENCY USE ONLY		
Other agencies contacted for assistance: PLEASE NOTE: A DSS DENIAL LETTER IS REQUIRED		
<u>Name of agency:</u>	<u>Amount of assistance requested:</u>	<u>Response (Y/N):</u>
_____	\$ _____	_____
_____	\$ _____	_____

**** 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 (All household members) & Photo Id's (Adults Only)
5. ___ Green Card/Passport/Benefit Card/ (All household members)
6. ___ Social Security Cards (**All Household Members**)
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 all 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

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.

Client and Counselor Roles and Responsibilities:

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 appointments, and failing to submit necessary documents requested by your case manager or CHOICE.

Agency Conduct: 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.

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: _____ **MONTHLY BUDGET**

Name: _____

HOUSEHOLD INCOME:

HH Size: ()

	<u>SELF</u>	<u>OTHER</u>
<u>Income:</u>	\$ _____	\$ _____
(Weekly _____ x4)		
(Bi-Weekly/semi-monthly _____ x2)		
NET INCOME (including tips):		
Take home amount \$ _____	\$ _____	\$ _____
(circle one) weekly, bi-weekly or semi-monthly		

Sources of Income:

Pension	\$ _____	\$ _____
Annuity/401/403B	\$ _____	\$ _____
SSI/ SSD/ SSA	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Public Assistance/TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony/Palimony	\$ _____	\$ _____
Other (Please Specify)	\$ _____	\$ _____

Gross Income\$ _____ Net Income \$ _____

MONTHLY EXPENSES:

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

Expenses \$ _____ Net Income – Expenses \$ _____

