



Housing Authority of the City of Perth Amboy

881 AMBOY AVENUE, P.O. BOX 390, PERTH AMBOY, NJ 08862

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Executive Director

EDWARD TESTINO
Counsel

Dear Applicant:

Thank you for your interest in the Housing Authority of the City of Perth Amboy Housing Counseling Program. We are excited that you selected us to assist you with your housing counseling needs.

Our Foreclosure Prevention program is a community-based program for low and moderate income families seeking the opportunity to stay in their home. We aim to provide you with the information and guidance in order to avoid a Foreclosure in your house. The program provides the following services:

- Provides credit, budgeting and homeownership workshops for program participants.
- Provides action plans for long term clients with credit issues to become credit worthy.
- Provides referrals for Mortgage Assistance programs throughout the state.
- Provides and sponsors community meetings to inform low and moderate income families about our programs.
- Provide home improvement counseling and alternative funding for individuals who already own a home.
- Provide follow-up counseling for homeowners until they resolve their mortgage problem.
- Provide default and delinquency resolution counseling (crisis counseling)

Group and one-on-one counseling is provided in English and Spanish at our office located at 881 Amboy Avenue, in Perth Amboy, NJ. Counseling sessions are free of charge.

Please complete the Customer Intake Form and mail it or fax it over to Martha Herrera at the address listed above. You can e-mail it to: martha@perthamboyna.org. Once reviewed a counselor will schedule and appointment to meet with you in our office.

Again, Thank you for your interest in our program, we look forward to helping you accomplish your goals!

Sincerely,

Martha Herrera
Housing Counselor

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship Age Relationship Age

Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below High School Diploma 2. High School Diploma or Equivalent
3. Two-Year College 4. Bachelors Degree
5. Masters Degree 6. Above Masters Degree

Referred to by (please circle all that apply):

- Print Advertisement Bank Government TV Realtor
Staff/Board member Walk-In Friend Radio Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-BORROWER

Name: First MI Last

Street

City Home: () - Work: () - State Zip Code Email:
- - / /

Social Security Number Birth Date

Race (please circle):

- 1. White 2. Black or African American 3. American Indian/Alaskan Native
4. Asian 5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native and White 7. Asian and White 8. Black/African American and White
9. American Indian/Alaskan Native and Black 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No

Immigrant Status (please select one):

- 1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents are foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

- 1. Below High School Diploma 2. High School Diploma or Equivalent
3. Two-Year College 4. Bachelors Degree
5. Masters Degree 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father

Other: _____

CLIENT'S EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title Hire Date

Street City State Zip Code
Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code
Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code
Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO-BORROWER EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title

Hire Date

Street City State Zip Code

Phone: (_____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

INCOME

Please Print Clearly

Type of Income	CLIENT Monthly Amount	CO-APPLICANT Monthly Amount	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

CLIENT

CO-APPLICANT

Can you document your child support/alimony income?
If yes, how long will it continue?

Yes No Yes No

If your child or a family member receives SSI,
How many more years will the payments continue?

Yes No Yes No

If you receive disability income,
is it for a permanent disability?

Yes No Yes No

Regarding other employment, have you worked
in this field for two years or more?

Yes No Yes No

MORTGAGE DETAILS

1st Mortgage Company: _____

Monthly Mortgage Payment : _____

Interest Rate & year when purchased property: _____

Last month a payment was sent and accepted: _____

Total amount outstanding: _____

Type of Loan: (Please check all that apply)

_____*FHA*

_____*RURAL DEVELOPMENT*

_____*ASSUME*

_____*VA*

_____*MOBILE HOME LOAN*

_____*INSURED CONVENTIONAL*

_____*CONTRACT FOR DEED*

_____*UNINSURED CONVENTIONAL*

TERMS OF THE LOAN: _____*FIXED RATE*

_____ *ADJUSTABLE RATE*

_____ *30 YEARS MTG*

_____ *15 YEARS MTG*

Are taxes and insurance included in the mortgage payment? _____*Yes* _____*No*

If NO. Are your taxes current: _____*Yes* _____*NO*

Is your insurance current: _____*Yes* _____*NO*

2Nd Mortgage Company: _____

Monthly Payment: _____

Last month a payment was sent and accepted: _____

Total Amount outstanding: _____

ASSOCIATION DUES OR 3RD MORTGAGE

Name: _____

Monthly payment: _____

Last month a payment was send and accepted: _____

Total Amount outstanding: _____

	CLIENT		CO-APPLICANT	
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

ADDITIONAL INFORMATION

	CLIENT		CO-APPLICANT	
Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer?	Yes	No	Yes	No
Were you guarantee a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payment?	Yes	No	Yes	No
Most convenient time for an individual appointment? _____ AM _____ PM				

Describe the situation that cause you to contact us: _____

What caused the situation? _____

What has been attempted to correct the problem? _____

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.

Client

Date

Co-Applicant

Date

