

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

Housing Counseling Program Disclosure

The Housing Authority of the City of Perth Amboy values your trust and is committed to the delivery of high quality services and to the responsible management, use and protection of personal information. This disclosure describes our policy and commitment to you.

Services Offered

The Housing Authority of the City of Perth Amboy is a HUD certified housing counseling agency. We provide, **free** one-on-one comprehensive housing counseling services to low and moderate income families within Middlesex and Union County. Our agency is currently approved to provide the following Counseling services: Pre-purchase Counseling, Non-Delinquency Post Purchase Counseling, Mortgage Delinquency and Default Resolution Counseling, Financial Management/Budget Counseling, Rental Counseling, Homebuyer Education Workshop, Non-Delinquency Post Purchase Workshop and Financial Literacy Workshop. All of the services listed above are free with the exception of our home buyer education workshop. A fee of \$30* per person or \$40* per couple is required unless the customer is experiencing financial difficulty. A fee waiver form is available upon request to the Program Director.

Relationship with Industry Partners

Our agency has financial support or exclusive relationships, or both, with specific industry partners including, The Department of Housing and Urban Development (HUD), Perth Amboy Redevelopment Team for Neighborhood Enterprise and Revitalization (PARTNER), Jewish Renaissance Foundation (JRF), PNC Bank, Wells Fargo Housing Foundation, Fulton Bank, M&T Bank, Santander Bank, and New Jersey Community Capital (NJCC).

No Client Obligation

There is no obligation to receive, purchase, or use any product or services offered by this agency or any services of its industry partners or another party in exchange for your receiving HUD housing counseling services.

Alternatives

As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff. Client should consider a variety of resources and options and upon evaluation select the resources that best meet their need.

I have read and received a copy of this disclosure

Customer's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

This disclosure was conveyed verbally via a virtual/telephonic session:

Agency Representative Signature: _____ Date: _____

**customers experiencing financial difficulty or a hardship can complete a fee waiver form and submit to the Program Director for consideration.*



The Housing Authority of the City of Perth Amboy

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND RECORDS

I, _____, hereby authorize the Housing Authority of Perth Amboy to obtain information including but not limited to records, reports, and correspondence. This release is made knowingly and voluntarily and may be accepted upon replications, fax, or copy form of same.

My consent to release this information shall expire 180 days from the date of my signature indicated below.

Release of Information To Obtain From:

Print Name of Agency

I am aware and understand what is indicated on the release and I authorize use or disclosure for the Housing Authority of the City of Perth Amboy to request the following information to verify eligibility for services.

_____ Education, Training or Trade Schools
(transcripts, enrollment, attendance,
tuition fees)

_____ Employment and Retention
follow-up.

_____ Legal Status

_____ Credit Bureaus and Collection Entities

_____ Homeownership Parties
Banks, Realtor Attorney, Inspector
Title companies)

_____ Welfare

_____ Medical (Referrals from education or

_____ Housing Authorities

_____ HUD

_____ Other:

Housing Authority Representative:

Name: _____

Title: _____

Telephone: _____

Fax: _____

Housing Authority of the City of Perth Amboy
881 Amboy Avenue
PO Box 390
Perth Amboy, NJ 08862

Print Name

Signature

Date