



Housing Authority of the City of Perth Amboy

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

TELEPHONE: (732) 826-3110

FAX: (732) 826-3111

www.perthamboyha.org

EDNA DOROTHY CARTY-DANIEL, Chairperson
DAVID BENYOLA, Vice-Chairman
MIGUEL A. AROCHO
SHIRLEY JONES
JOHN C. ANAGNOSTIS
FERNANDO A. GONZALEZ
GREGORY PABON

DOUGLAS G. DZEMA, P.H.M.,
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.
- Provides home improvement counseling and alternative funding for individuals who already own a home.
- Provides follow-up counseling for homeowners until they resolve their mortgage problem.
- Provides 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: mhererra@perthamboyha.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
Certified Housing Counselor

Homeowner:	_____
Date:	_____
Housing Counseling Specialist:	_____

Document Checklist

GENERAL REQUIREMENTS

- Valid Government issued Photo Identification
- Executed Hardship Affidavit
- Signed Dodd Frank Certificate
- Executed Privacy Notice/Information Sharing Policy

INCOME & EMPLOYMENT

- Pays stubs for the last 60 days for each homeowner
- Previous 2 years of income tax returns for each homeowner
- Current pension statement (if applicable)
- Current 401K statement (if applicable)
- Social Security awards letter (if applicable)
- Divorce statement for proof of alimony (if applicable)
- Court decree for proof of child support (if applicable)
- Previous 2 years form 1099, if self-employed
- Current Profit and Loss statement, if self-employed
- Evidence of business ownership, if self-employed
- Fully executed leases for all rental units (if applicable)

ASSETS

- Previous 60 days of checking account statements
- Previous 60 days of savings account statements
- Details of any past due taxes, personal or property, and copy of payment or settlement agreements if approved by municipal, state or federal tax authority.

EXPENSES (FOR BUDGETING/ESCROW PURPOSES)

- Current 3 bureau merged credit report
- Most current utilities bills for all accounts (electric, gas, water, cable, phone, etc.)
- Estimate of current household expenses (groceries, entertainment, , etc.)
- List of all employment related expenses (travel, uniforms, training, etc.)
- Current year property tax statement
- Current hazard and flood (if applicable) insurance policy declaration page with Carrington listed as loss payee.

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

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

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 _____

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 _____



Hardship Affidavit (supplemental to Form 710-Uniform Borrower Assistance Form)

Borrower Name: _____

Co-Borrower Name: _____

Property Address: _____
(including city, state and zip)

I (we) am/are requesting review under the ReStart Home Preservation Program. I have/had difficulty making my monthly mortgage payment because of difficulties described on my Uniform Borrower Assistance Form. Details of my difficulty(ies) are:

Explanation (please continue on back or additional page if necessary):

Borrower's signature: _____

Co-Borrower's signature: _____

REGISTRY CHECK

TO: Registry-Fax: 1-800-866-7344

FROM: The Housing Authority of City of Perth Amboy

Fax: (732) 826-3111

Account # N4796

We are requesting the following reports

<input type="checkbox"/> Registry check (Housing Search)	<input type="checkbox"/> TRW Credit Report
<input type="checkbox"/> Transunion Credit Report	<input type="checkbox"/> CBI/Equifax Credit Rep
<input type="checkbox"/> Wanted Fugitive Check	<input type="checkbox"/> Credit Gram
<input type="checkbox"/> Criminal Check	<input type="checkbox"/> Social Search

.....

Please fill in required information. Read all terms carefully and sign below

Landlord's Name: Housing Authority of the City of Perth Amboy

Applicant's Name: _____

Social Security # _____ DOB _____

Present Address: _____

Previous Address: _____

Driver's License # _____

I hereby authorize The Housing Authority of the City of Perth Amboy to obtain information it deems desirable in the processing of my application including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records and any other relevant information. I also release The Housing Authority, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. The applicant hereby waives any claim for damages by reason of non-acceptance of this application, which the Housing Authority or its agent may reject.

Signature: _____

Print Name: _____ DATE: _____

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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.***



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AUTHORIZATION TO RELEASE INFORMATION

THE HOUSING AUTHORITY OF THE CITY OF PERTH AMBOY

Client's Name(s): _____

Property Address: _____

Mortgage Loan #: _____

I/We authorize _____ to disclose
information regarding the mortgage account referenced above to the following
company/individual(s):

Counselor (s): _____

Housing Counseling Agency: _____

I/We, the undersigned, understand that my authorization entitles the above
company/individual(s) named to obtain any account information on my behalf.
You may release additional information to the agency in the future without further
authorization.

Borrower's Name: _____ Last 4 digits of SS# _____

Borrower's Signature: _____ Date _____

Co-Borrower's Name: _____ Last 4 digits of SS# _____

Co-Borrower's Signature: _____ Date _____



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

BUDGET FORM

Name: _____

Round all figures to nearest whole dollar.

INCOME:

Take Home Income per month:

First Job _____ \$ _____

Second Job _____ \$ _____

Co Borrower-First Job _____ \$ _____

Co-Borrower-Second Job _____ \$ _____

Other Income _____ \$ _____

Total Net Income for the Month: \$ _____

EXPENSES:

I. Rent (or mortgage)

Housing Payments per Month: \$ _____

Utilities:

Estimates

- Phone \$ _____
- Cable TV \$ _____
- Heat (average over 12 months) \$ _____
- Electric \$ _____
- Water & Sewer \$ _____
- Internet _____ \$ _____
- Other _____ \$ _____
- Other _____ \$ _____

Total Utilities: \$ _____

II. Food and Related Expenses

- Grocery Store per month \$ _____
- Personal Items \$ _____
- Other \$ _____

(Do not include food, lunches, etc.
That are a part of your Daily Diary)

Total Food Expenses \$ _____

III. Transportation

Estimates

- Car insurance (if annual, divide by 12) \$ _____
- Excise tax (if annual, divide by 12) \$ _____
- Car maintenance (estimate monthly cost) \$ _____
- Public Transportation \$ _____
- Other _____ \$ _____
- Other _____ \$ _____

Total Transportation Expenses \$ _____

IV. Child Care

- Day care/baby sitting \$ _____
- Child Support \$ _____
- After-school programs \$ _____
- Other _____ \$ _____

Total Child Care Expense: \$ _____

V. Clothing

Monthly estimate

- New clothing/shoes/uniforms (include kids) \$ _____
*(if you buy in season, divide what you spend by the number of months you buy it)

Total Clothing Expenses: \$ _____

VI. Medical/Health

If your medical/dental insurance already comes out of your paycheck, do not count that amount here. Use following lines for regular and recurring expenses.

- Medical insurance (if paid separately) \$ _____
- Doctor \$ _____
- Medical co-payments \$ _____
*(multiply # of times you visit by your co pay amount and divide by 12)
- Dentist \$ _____
- Medication \$ _____
- Life Insurance \$ _____
- Disability/accident insurance \$ _____
- Other _____ \$ _____

Total Medical Expenses: \$ _____

VII. Education

Estimates

- Tuition \$ _____
- Book purchases \$ _____
- School supplies: (if you buy at the beginning divide by 12) \$ _____

Total Education Expenses: \$ _____

VIII. Installment Loans

	Balance	Monthly Payment
• Car loans	\$ _____	\$ _____
• Student loans(if actually paying)	\$ _____	\$ _____
• Personal loans	\$ _____	\$ _____
• Credit union loans	\$ _____	\$ _____
• Layaway	\$ _____	\$ _____
• Furniture	\$ _____	\$ _____
• Other _____	\$ _____	\$ _____

Total Installment Payments: \$ _____

(Note: If your car payment is being wage deducted, do not include. If you'll need another car, make allowances for it.)

IX. Credit Cards

	Payment Required:	Payment You Make
• Master Card	\$ _____	\$ _____
• Visa	\$ _____	\$ _____
• Discover Card	\$ _____	\$ _____
• Store Cards	\$ _____	\$ _____
• Gas Cards	\$ _____	\$ _____
• Consumer Credit Counseling	\$ _____	\$ _____

Total Credit Card Payments: \$ _____

X. Other

List any monthly payments that do not fir into the above categories.
(Cell phone, hair, nails, haircuts, internet, gym, prepaid legal, old debt, etc.)

	Estimates
• Other: _____	\$ _____
• Other: _____	\$ _____

\$ _____

XI. Monthly Walking Around Money:

Total from Daily Expense Diary: \$ _____

XII. Yearly Expenses

Include here any yearly expenses that were not accounted for above.

- Vacations \$ _____
- Gifts to Family \$ _____
- Organizational Dues \$ _____
- Other _____ \$ _____
- Other _____ \$ _____

Total \$ _____

Total Per Month: \$ _____

Total Expenses for the Month: \$ _____

Some of items I through XII

Total Net Income \$ _____

Available Savings

\$ _____

Name: _____

Signature: _____ Date: _____

Counselors' Name: _____

Signature: _____ Date: _____