



Metro Interfaith Housing Counseling, 21 New Street, Binghamton, NY 13903
Phone (607) 723-0723, Fax (607) 722-8912

Aggregate demographic information will be used to secure funding to support our counseling services.

All personal information will be kept strictly confidential.

General Information Primary

Last Name: _____ First Name: _____

Suffix (Sr., Jr., etc) _____

DOB: ____-____-____ Age: _____ Social Security # ____-____-____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Preferred Contact Number: Home Work Cell

Email Address: _____

Current Address

Address: _____

City: _____ State: _____ Zip: _____ - _____

Length of Occupancy in Current Housing: Years _____ Months _____

****Is this address within the City of Binghamton? Yes No**

Background Information

Gender: Female Male Other/Nonconforming

Disabled: Yes No

Marital Status: Married Single

Check all that apply

Demographics: Head of Household First Time Home Buyer

US Veteran Owned Home in Last 3 Years

Race: American Indian/Alaskan Native Asian Pacific Islander

Black or African American Native Hawaiian or Other Pacific Islander

White Other

Number of Dependents: _____ **Household Size:** _____

Ethnicity: Not Hispanic or Latino Hispanic or Latino

Highest Level of Education: _____

I DO NOT WISH TO PROVIDE THIS INFORMATION

Citizenship: US Citizen Permanent Resident Non-Resident Check if Foreign Born

Income

Annual **Gross** Income: \$ _____ Annual **Net** Income: \$ _____

Counseling I Wish to Receive

Pre-Purchase Budget/Finance Management Mortgage Default Rental Housing

Homebuyer Education HECM/Reverse Mortgage

Referral Source

Agency Lender Mailer Realtor Walk-In Word of Mouth

General Information Secondary

Last Name: _____ First Name: _____

Suffix (Sr., Jr., etc) _____

DOB: ____ - ____ - ____ Age: ____ Social Security # ____ - ____ - ____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____ Preferred Contact Number: Home Work Cell

Email Address: _____

Current Address

Check if same as Primary

Address: _____

City: _____ State: _____ Zip: _____ - _____

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RELEASE & AUTHORIZATION

I (we) certify that all of the above information is accurate and true to the best of my (our) knowledge. I (we) understand that false or misleading information may be detrimental to the counseling I (we) receive, may negatively affect the overall outcome, or result of the counseling provided by Metro Interfaith Services Housing Counseling and may result in the closing of my (our) file.

I (we) will provide all requested documentation (within reason) to assist the Housing Counselor in providing the most comprehensive and thorough counseling possible. I (we) understand that with my (our) willing participation there are no guarantees either written or implied, that I (we) will be approved for housing/ housing assistance by individuals, companies or agencies or a mortgage(s) by any lender; private, state or federal.

I (we) understand that the purpose of housing counseling is to provide one-on-one counseling to help those clients fix those problems that prevent affordable homeownership and/or rental housing. The counselor will analyze my (our) financial and credit situation, identify those barriers preventing me (us) from obtaining affordable housing and develop a plan to remove those barriers. I (we) understand that the counseling provided by Metro Interfaith Services is comprehensive but may not address or foresee all issues that may present themselves during or after counseling; Metro Interfaith Services Housing Counseling will not provide or give any legal advice. I (we) will provide additional accurate information as my (our) case evolves and is necessary to bring my (our) case to closure.

I (we) understand that depending upon the type of counseling I (we) am requesting, Metro Interfaith Services Housing Counseling may request a tri-merged credit report from the three major credit reporting agencies in an effort to accurately determine my (our) credit history. This report will not be requested without my (our) prior written authorization. The counselor will also aid in debt-load management with the preparation of a monthly and manageable budget plan. I understand that it will not be the responsibility of the counselor to fix the problem for me (us), but rather to provide guidance and education to empower me (us) in fixing those issues that prevent affordable homeownership and/or rental housing. I (we) understand that I (we) have the right and freedom to choose any loan product or to purchase or rent any property regardless of the information that is provided to me (us) by this agency and that there is no obligation to receive any services other than those discussed today.

I (we) understand that Metro Interfaith Housing Services Housing Counseling agency is not a funding source or financial institution that provides any emergency housing or cash assistance. I (we) understand that the counselor will provide me (us) with any necessary community referrals or resources that are available.

I (we) agree Metro Interfaith Housing Services Housing Counseling agency, 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 receiving counseling through Metro Interfaith Services Housing Counseling and hereby release and waive all claims or action against Metro Interfaith Housing Services Housing Counseling 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.

HUD (Housing and Urban Development) will follow strict rules to protect your confidentiality. The personal data collected, such as name and address, are protected by the Privacy Act.

You will never be named in any reports. Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be reported.

Contractors to HUD are covered by the same requirements to protect privacy as HUD staff and must demonstrate that they have systems in place to protect against data disclosure.

In order to assess client satisfaction and in compliance with grant funding requirements, Metro Interfaith Services Housing Counseling, 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 Metro Interfaith Services Housing Counseling grantors such as HUD.

By signing below, you are giving authorization to Metro Interfaith Housing Management, D/B/A Metro Interfaith Services to share information with HUD for the purpose of grant oversight and HUD Housing Counseling Program compliance.

I (we) certify that all the information provided on my Intake Form (Tell us about yourself) is correct, accurate and true to the best of my (our) knowledge. I (we) understand that false or misleading information may be grounds for termination of assistance. Furthermore, I (we) understand that the completion of the Intake Form in no way guarantees me (us) that Metro Interfaith Services Housing Counseling will be able to assist or bring to a successful conclusion our housing issue.

I (we) have read, understand, and have received a copy of this Release and Authorization Form, the attached Disclosure Statement, Privacy Policy and Anti-Steering Statement.

Primary Client Signature

Date

Secondary Client Signature

Date

Housing Counselor

Date