

General Intake Form



CONTACT

Signed <input type="checkbox"/> AFFH Facts <input type="checkbox"/> Privacy <input type="checkbox"/> Disclosure <input type="checkbox"/> No Obligation			
First Name		Middle Name	Last Name
Address		City	State
County _____			Zip Code
Cell Phone #	Home Phone #	Email Address	
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Last 4 Digits SS#	
Are you interested in additional resources?			
<input type="checkbox"/> Emergency Housing	<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> Medical Health <input type="checkbox"/> Disability <input type="checkbox"/> Addiction/Mental Health	<input type="checkbox"/> Protective Services <input type="checkbox"/> Re-Entry Services <input type="checkbox"/> Other: _____

CASE DATA

Service Required:		<input type="checkbox"/> Education	<input type="checkbox"/> Financial Fitness	<input type="checkbox"/> Rental	<input type="checkbox"/> Transitional Services
		<input type="checkbox"/> Counseling	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Pre-Closing	<input type="checkbox"/> Utility Assistance
		<input type="checkbox"/> Landlord	<input type="checkbox"/> Pre-Purchase	<input type="checkbox"/> Homeless Services	
# of Co-Applicants	Complete Co-Applicant Form Page 5			HUD Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Source	<input type="checkbox"/> HCA _____	<input type="checkbox"/> Walk In	<input type="checkbox"/> Event _____		
<input type="checkbox"/> HCA NHSW	<input type="checkbox"/> CAA _____	<input type="checkbox"/> Social Services	<input type="checkbox"/> Event Date: _____		
<input type="checkbox"/> CHFA	<input type="checkbox"/> Realtor	<input type="checkbox"/> Social Media			
	<input type="checkbox"/> Loan Officer	<input type="checkbox"/> Newspaper			
First Time Homebuyer	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Demographics:					
Race:	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Choose Not to Respond	<input type="checkbox"/> Native Hawaiian/Pacific Islander		
	<input type="checkbox"/> Asian	<input type="checkbox"/> More Than One Race	<input type="checkbox"/> White		
	<input type="checkbox"/> African American/Black				
Is Hispanic?	<input type="checkbox"/> Hispanic		Ethnicity:	<input type="checkbox"/> Mexican	
	<input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Puerto Rican	
# in Household:	_____		# of Children (Under 18 years)	_____	
Rural Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Years	Months	
# of Roommates:	Rent Amount \$ _____	Length of Stay _____	Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/Non-Conforming		Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	
English Proficient:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose Not to Respond				
Age: _____	Date of Birth: _____ (MM/DD/YYYY)				
Education:	<input type="checkbox"/> Unknown	<input type="checkbox"/> A.S. Degree	<input type="checkbox"/> Post Doctorate		
	<input type="checkbox"/> GED/High School Diploma	<input type="checkbox"/> Bachelor's Degree			
	<input type="checkbox"/> Some College	<input type="checkbox"/> Master's Degree			
Marital Status	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Single		
	<input type="checkbox"/> Separated	<input type="checkbox"/> Married w/ Dependents	<input type="checkbox"/> Single w/ Children		
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Unrelated Adults			
Active Military	<input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			HCV/Section 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Household Income	Annual Income: \$ _____	Monthly Income: \$ _____	Weekly Income: \$ _____		

NEST Disclosure Policy

I understand that NEST provides Financial Literacy, Budget Counseling, Debt Management, Credit Report Evaluation, Rental Counseling, Mortgage Assistance, Pre-purchase Counseling, Post purchase Counseling, Mortgage Delinquency, Housing Stability Counseling, and Loss Mitigation Counseling after which I (client (s)) will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing and non-profit agencies as appropriate.

I understand NEST is required to fully disclose potential and actual conflicts of interest, so I am in a position to make fully informed decisions.

NEST certified staff will provide Financial Literacy, Budget Counseling, Debt Management, Credit Report Evaluation, Rental Counseling, Mortgage Assistance, Pre-purchase Counseling, Post purchase Counseling, Mortgage Delinquency, Housing Stability Counseling, and Loss Mitigation Counseling under the HSCP and staff has no conflicts of interest due to relationships with servicers, real estate agencies, mortgage lenders and/or other entities who may stand to benefit from particular counseling outcomes.

The types of services provided by NEST are: Financial Literacy, Budget Counseling, Debt Management, Credit Report Evaluation, Rental Assistance, Mortgage Assistance, Pre-purchase Counseling, Post purchase Counseling, Mortgage Delinquency, Housing Stability Counseling, and Loss Mitigation Counseling.

NEST will ensure and monitor agency, NEST staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with Department of Housing and Urban Development (HUD), Connecticut Housing Finance Authority (CHFA), NeighborWorks America (NWA) and HSCP programs requirements or to serve the best interests of its clients.

Individuals, directors, employees, or family members of NEST may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

I understand that in the instance where NEST is the owner of a property and rehabilitates it for sale, NEST certifies that any client being served by the Housing Counseling Department or any NEST staff are under no obligation to purchase the property from NEST. In addition, if NEST owns rental properties as well and as such NEST certifies that any client seeking counseling services related to the rental of housing being served by NEST shall be under no obligation to rent any of the properties owned by NEST.

I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, you will be referred for appropriate assistance.

I understand that NEST provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NEST in no way obligates me to choose any of these particular loan products or housing programs.

I/we give permission to NEST program and program administrators and/or their agents to review my credit report and financial documents if applicable and I/we give authorization for NHSW program administrators and/or their agents to follow-up with me for the purpose of program evaluation.

I/we authorize NEST to share my/our client level data with HUD, CHFA, NWA, HSCP and to allow HUD, CHFA, NWA, HSCP access to my/our client housing counseling files for the purpose of grant oversight and Housing Counseling Program oversight.

I understand that all documents copied during the screening process by the Housing Counselor to identify the housing need or problem shall become the property of NEST. Such documents shall include but not be limited to the following: pay stubs, bank statements, tax returns and W2's, correspondence, property tax statements, financial documentation, SSI/SSD award letters, etc.

I understand that phone calls will be returned within two business days except in the case of extreme emergencies or counseling staff is out of the office for an extended period of time.

I understand that NEST offers these programs and services free of charge. NEST will pull the credit report for the purpose of budgeting and debt management at no cost to the client/s or the client will provide NEST with their own credit report that is within 30 days from the day of the counseling session.

By signing this application, I certify that the information given to NEST- household income, net family assets and all allowances and deductions are accurate and complete to the best of my knowledge or belief. The information solicited on the application by NEST in order to ensure that federal laws prohibiting discrimination against clients and applications on the basis of race, color, national origin, religion, sex, family status, age, and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used to discriminate against you in any way.

I have read and received a copy of the Disclosure Form

		Client 1 Signature	Date
Counselor	Date	Client 2 Signature	Date



NEST Privacy Policy

NEST is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We (NEST) realize that the concerns you(client(s)) bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your (client(s)) "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the NEST Privacy Policy. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information, and designing future programs.

Types of Information Gathered:

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income; and
Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
Information we receive from a credit reporting agency, such as your credit history.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information.

Certain Disclosures you may opt-out Of:

You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. If you choose to "opt-out", NEST will not be able to answer questions from your creditors. At any time, you can change your decision with regard to your "opt-out", you may call us at (203-753-1896) and do so.

Third Party Release of your information:

So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards, Department of Housing and Urban Development, (HUD), Connecticut Housing Finance Authority, (CHFA), NeighborWorks America, (NWA), Housing Stability Counseling Program, (HSCP), which make our services possible. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process). Within NEST, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. NEST maintains physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature lines for Client 1 and Client 2, including Counselor and Date fields.

Non-Obligation to Rent or Purchase

NEST is affiliated with the following businesses: (Agents), (Lenders), (Servicers), (Insurance), (Banks), (Brokers), (Realtors). NEST leases/rents residential properties to the public. As a client of Department of Housing and Development, (HUD), Connecticut Housing Finance Authority, (CHFA), NeighborWorks America, (NWA), Housing Stability Counseling Program, (HSCP), services, you are under no obligation to rent a property from NEST. NEST lists/sells properties to the public. As a client of NEST services, you are under no obligation to purchase a property from NEST, or use the services of (Real Estate). I may be referred to other housing services of the organization or other agency or agencies as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

Second set of signature lines for Client 1 and Client 2, including Counselor and Date fields.

Client ID #: _____
Case #: _____

AFFH FACT SHEET:

THE DUTY TO AFFIRMATIVELY FURTHER FAIR HOUSING



WHAT IS THE DUTY TO AFFIRMATIVELY FURTHER FAIR HOUSING?

From its inception, the Fair Housing Act (and subsequent laws reaffirming its principles) not only prohibited discrimination in housing related activities and transactions but also imposed a duty to affirmatively further fair housing (AFFH). The AFFH rule sets out a framework for local governments, States, and public housing agencies (PHAs) to take meaningful actions to overcome historic patterns of segregation, promote fair housing choice, and foster inclusive communities that are free from discrimination. The rule is designed to help program participants better understand what they are required to do to meet their AFFH duties and enables them to assess fair housing issues in their communities and then to make informed policy decisions.

For purposes of the rule, affirmatively furthering fair housing “means taking meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics.

Specifically, affirmatively furthering fair housing means taking meaningful actions that, taken together, address significant disparities in housing needs and in access to opportunity, replacing segregated living patterns with truly integrated and balanced living patterns, transforming racially and ethnically concentrated areas of poverty into areas of opportunity, and fostering and maintaining compliance with civil rights and fair housing laws. The duty to affirmatively further fair housing extends to all of a program participant's activities and programs relating to housing and urban development.”

For purposes of the rule, meaningful actions “means significant actions that are designed and can be reasonably expected to achieve a material positive change that affirmatively furthers fair housing by, for example, increasing fair housing choice or decreasing disparities in access to opportunity.”

WHAT IS THE PROCESS PROGRAM PARTICIPANTS MUST FOLLOW?

Under the AFFH rule, an “Assessment of Fair Housing” (AFH) will replace the current “Analysis of Impediments” (AI) process. The AFH Assessment Tool, which includes instructions and data provided by HUD, consists of a series of questions designed to help program participants identify, among other things, fair housing issues pertaining to patterns of integration and segregation; racially and ethnically concentrated areas of poverty; disparities in access to opportunity; and disproportionate housing needs, as well as the contributing factors for those issues.

The Assessment Tool is intended to help communities understand and identify local barriers to fair housing choice. The AFH provides an approach that will help program participants more effectively affirmatively further the purposes and policies of the Fair Housing Act.

HUD will review the AFH within 60 calendar days after the date of submission. An AFH submission is deemed accepted 61 days after submission unless HUD provides notification on or before that it is not accepted. Non-acceptance notifications will explain the reasons for non-acceptance and how a program participant may remedy deficiencies.

The AFFH rule establishes specific requirements for the incorporation of the AFH into subsequent Consolidated Plans and PHA Plans in a manner that connects housing and community development policy and investment planning with meaningful actions to AFFH.

The AFFH rule links existing community participation and consultation requirements to the AFH process to ensure program participants give the public opportunities for involvement in the development of the AFFH and in its incorporation into the Consolidated Plan and PHA Plan.

		Client 1 Signature	Date
Counselor	Date	Client 2 Signature	Date

Client ID #: _____
Case #: _____

CO-APPLICANT

Signed <input type="checkbox"/> AFFH Facts <input type="checkbox"/> Privacy <input type="checkbox"/> Disclosure <input type="checkbox"/> No Obligation				
First Name			Middle Name	Last Name
Address		City	State	Zip Code
County _____				
Cell Phone #	Home Phone #	Email Address		
Relationship to Client:	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Significant Other	<input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Adult <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father <input type="checkbox"/> Mother	
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Last 4 Digits SS#		
Total Household Income	Annual Income: \$ _____	Monthly Income: \$ _____	Weekly Income: \$ _____	
Race:	<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black	<input type="checkbox"/> Choose Not to Respond <input type="checkbox"/> More Than One Race	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	
Is Hispanic?	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity:	<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/Non-Conforming	Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Age: _____	Date of Birth: _____ (MM/DD/YYYY)	Foreign Born:	<input type="checkbox"/> Yes <input type="checkbox"/> No	