



ANY CHRONIC HEALTH PROBLEMS? (describe)

GROSS MONTHLY INCOME:

SOURCE	AMOUNT
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TOTAL:

FAMILY MEMBERS OTHER THAN OWNER(S):

NAME	RELATIONSHIP	AGE	MONTHLY INCOME	LIVE WITH? (Y/N)
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DO YOU OWN YOUR HOME? Y_____ N_____ IS THERE A MORTGAGE? Y_____ N_____

DO YOU HAVE CURRENT HOMEOWNERS INSURANCE? Y N

ARE YOUR PROPERTY TAXES PAID? Y_____ N_____

ANY CREDIT PROBLEMS OR UNPAID DEBTS?

HAVE YOU APPLIED FOR UTILITY ASSISTANCE? Y_____ N_____

HAVE YOU APPLIED FOR THE PROPERTY TAX REBATE? Y_____ N_____

PRIMARY RACE: Caucasian __ African __ Asian __ Hispanic__ Other_____

WHAT IS YOUR MARITAL STATUS? _____ VETERAN? Y_____ N_____

ARE YOU REGISTERED WITH THE COUNTY AGING DEPT.? Y_____ N_____

WHAT OTHER SOCIAL SERVICE AGENCIES ARE YOU REGISTERED WITH? (List)

HOW DID YOU LEARN ABOUT US? _____

REPAIRS NEEDED/REASONS YOU NEED HELP

EXPENSE WORKSHEET

Housing Monthly		Other Expenses Monthly	
Mortgage or rent		Child/dependent care	
Heating Gas/Oil		Phone	
Electric		Clothing	
Water		Laundry/cleaning	
Sewage		Union dues	
Taxes		Church	
House Insurance		Education	
Garbage Fee		Internet/Cable	
Maintenance/fees		Newspapers/magazines	
		Insurance	
Total Housing		Vacation/entertainment	
Food/household Monthly		Tobacco/alcohol	
Grocery		Pet care	
Lunches		Gifts	
Toiletries			
		Total Other	
Total Food/household		Transportation Monthly	
Medical Monthly		Bus/Taxi Fare	
Prescriptions		Car Gas	
Medical Insurance		Car Insurance	
Doctor visits		Maintenance	
Dental care		Car loan	
Vision care			
Total Medical		Total Transportation	
Income Taxes Monthly		Credit card, other debt payments Monthly	
Fed/FICA/Medicare			
State			
Local			
		Total debt payments	
Total taxes		Total Expenses	

LIST ANY ASSETS VALUED OVER \$500. DO NOT INCLUDE YOUR HOME OR PRIMARY CAR

Type	Value
Cash or bank accounts	
Stocks, bonds, mutual funds	
Real estate	
Vehicles, boats	
Other	

NAZARETH HOUSING SERVICES
CLIENT DISCLOSURE AND ACKNOWLEDGEMENT

I hereby apply for participation in the Homeowner Assistance Program of Nazareth Housing Services (NHS). This Program may include counseling and/or financial assistance.

I understand that it is my right and responsibility to decide whether any action plan recommended by NHS is suitable for me. I have the right to participate in this Program whether or not I accept any other services, recommendations or advice of NHS. I am free to choose or not choose any contractor, service or product, and I am under no obligation to undertake home repairs or accept volunteer help, whether or not referred, recommended or advised by NHS. I understand that my Counselor cannot offer me legal or medical advice or representation. If I need legal or other professional services I can ask my Counselor for information and referrals. I have the option to terminate the counseling or to receive counseling from another agency at any time and for any reason.

While NHS is a subsidiary of a religious organization, NHS does not discriminate on behalf of or against any segment of the population in the provision of services or in outreach, including those of other religious affiliations. NHS does not engage in inherently religious activities, such as worship, religious instruction, or proselytizing, as part of its Homeowner Assistance Program. Instead, these activities are offered separately, in time and location, from Program activities and participation is voluntary for clients.

NHS receives financial support from a number of funding sources, including the Mon Valley Initiative (MVI), the U.S. Department of Housing and Urban Development (HUD), and others listed on page 5 below *.

HOME INSPECTION INFORMATION (FOR POTENTIAL HOMEBUYERS):

I have been offered the HUD forms: "Ten Important Questions to Ask Your Home Inspector" & "For Your Protection: Get a Home Inspection". I _____ accept, or _____ decline to receive these forms.

CLIENT ACKNOWLEDGMENT:

By signing below I authorize NHS to collect and share my credit, financial, personal, and housing information in compliance with the Privacy Policy on page 5 below**. I authorize funders to contact me to evaluate programs that I participate in. I hold NHS and The Community at Holy Family Manor Inc., and their staff, officers, members, directors, and funders harmless from any losses or damages related to or resulting from my participation in this Program.

SIGNATURE:

DATE:

SIGNATURE:

DATE:

***Additional sources of funding may include these or others:**

- | | |
|--|------------------------------|
| ➤ ACTION-Housing | ➤ McAuley Ministries |
| ➤ Buncher Foundation | ➤ Nazareth Family Foundation |
| ➤ Centimark Foundation | ➤ PNC Bank Foundation |
| ➤ Clapp Charitable and Educational Trust | ➤ Raskob Foundation |
| ➤ Ladies of Bethany | ➤ Snee Reinhardt Foundation |

****PRIVACY POLICY:**

NHS respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with services. Your “nonpublic personal information” (including total debt information, income, living expenses, and personal information concerning your financial circumstances) may be shared with creditors, funders, and others only after you sign this Disclosure and Acknowledgment. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to seek additional funding, gather valuable research information, or to design future programs.

TYPES OF INFORMATION THAT WE GATHER ABOUT YOU:

- Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- 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.

YOU MAY OPT-OUT IF YOU DO NOT WANT US TO SHARE YOUR INFORMATION:

- You may "opt-out" to prevent the disclosure of your nonpublic personal information to third parties (such as your creditors).
- If you opt-out we cannot share your nonpublic information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- You may opt-out at any time by calling Nazareth Housing Services at the phone number listed on this application.

HOW WE USE YOUR INFORMATION:

- If you do not opt-out we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.