



Neighborhood Housing Services HomeOwnership Center Intake Information Form



HomeOwnership Center Office Location: 213 S Central—Office #103

Main Office and Mailing Address: 125 E Seminary St, Richland Center, WI 53581

Phone: 608-647-4949 Fax: 608-647-8293 www.nhsrcwi.org

HOC Counseling Staff: Linda Smith - linda@nhsrcwi.org; Ext. 306; Katie McGinnis - Katie@nhsrcwi.org; Ext. 308

Appointment: _____ Time: _____

Please return completed application and the following at least 24 hours prior to your appointment or it will be rescheduled:

- ☐ Previous year's federal taxes
- ☐ Last pay stub(s)
- ☐ Driver's license

Also if applicable:

- ☐ Divorce decree
- ☐ Bankruptcy discharge
- ☐ Social Security eligibility letter or bank statements
- ☐ Latest statement for retirement/investment accounts



NHS provides the information and tools necessary for a successful home purchase experience. The path to purchasing a home is seldom easy and may require some preparation to reach that goal. NHS's highly trained homeownership specialists are available to provide a personalized mortgage-readiness assessment, answer your questions, and see you through to the end of your home purchase. There is no fee and it is available to anyone.

In a typical consultation, your homeownership specialist will:

- Run calculations to determine what you can afford in a monthly mortgage payment and what that translates into for a purchase price
- Pull and review your credit report and score
- Review your income and expenses and explore ways to make your money work better for you
- Examine various loan products available for homebuyers with no or little down payment
- Develop a written plan to follow as you get ready to apply for a mortgage and make an offer to purchase on the place you hope to call home
- Determine if you appear eligible for a 0% down payment assistance loan from NHS
- Provide the "next steps" to homeownership with a detailed action plan and continued coaching

Homebuyer Education Seminars

Schedule and registration at www.nhsrcwi.org

- An energetic faculty of local experts in real estate, home inspections, mortgage lending, and credit counseling makes the homebuyer seminar both fun and informative.
- Expect to be guided through the process of purchasing a home, from loan approval to selecting the right house and closing on it.

Online Homebuyer Education at www.ehomeamerica.org



NHS of Southwest Wisconsin Pre-Purchase Housing Counseling Agreement and Program Disclosure

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help determine my/our mortgage readiness. The counselor will analyze my/our financial and credit situation, identify possible barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan of guidance and education to empower me/us to remove the barriers. The counselor will be available throughout the home loan/purchase process for additional counseling. Neither your counselor nor NHS employees, agents, or directors may provide legal advice.

Mortgage Financing Assistance. I/we understand that the counselor may help to identify loan and assistance programs, including the down payment assistance program through NHS. With my/our permission, my/our customer information will be communicated to my/our selected lender. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing. I/we are under no obligation to obtain mortgage financing from any specific lender recommended by NHS.

Customer's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and always provide accurate and truthful information. Failure to cooperate and return calls, emails, or requested paperwork in a timely manner will result in the discontinuation of my counseling program.

Homeownership Education Classes. I/We understand that as part of the housing counseling program, I/we will have the opportunity to attend group homeownership education classes. If I receive a down payment assistance loan from NHS or other participate in other certain loan programs my attendance may be required.

General Provisions I/We further agree to indemnify NHS of Southwest Wisconsin, Inc their funding sources, and its employees, members, officers, and directors in connection with acts performed by them which reasonably would be associated with consultation, financial counseling, loan processing, property inspection and other related activities. I agree to release NHS of liability arising from errors or omissions by such parties, or related to my participation in NHS counseling. 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.

I/We authorize the staff of NHS of Southwest Wisconsin, Inc to obtain or provide specific reports, such as personal credit reports, property title and tax searches, building code inspection reports, property appraisals, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

I have received a copy of the “NHS of Southwest Wisconsin Privacy Policy”

Date _____ Signature _____

Date _____ Signature _____

NOTICE TO BORROWERS: the Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to DHIR/DOH, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

NOTICE TO BORROWERS: You are not required to provide NHS of Southwest Wisconsin or any of its agents, officers, or employees with your social security number. However, failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

KEEP THIS COPY

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NHS OF SOUTHWEST WISCONSIN, INC.

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for housing assistance through NHS of Southwest Wisconsin, Inc. and, as evidenced by my/our signature(s), I/we hereby authorize Kathleen McGinnis, Linda Smith or any counselor from NHS of Southwest Wisconsin, Inc. to obtain verification of any and all information relating to my/our INCOME, ASSETS, EMPLOYMENT, CREDIT STANDING, PROPERTY OWNERSHIP, MORTGAGE STANDING, HOMEOWNER'S INSURANCE AND HOUSING EXPENSES. Furthermore, I/We authorize the release of such information at the request of NHS of Southwest Wisconsin, Inc.

A photographic copy of this authorization, including a photographic copy of my/our signature(s), may be deemed to be the equivalent of the original and may be used as a duplicate original.

I/We understand that this information will be kept confidential by NHS of Southwest Wisconsin, Inc. and will be used solely for the purpose of determining my/our eligibility for participation in the Housing Program provided through NHS of Southwest Wisconsin, Inc. NHS of Southwest Wisconsin can be reached at 608-647-4949.

Signature of Applicant Date

Co-Applicant Date

Name (print)

Name (print)

Address

Address

XXX-XX-_____
Social security number

XXX-XX-_____
Social security number

Authorization is valid for one (1) year from date of signing.

Applicant InformationName
_____Address

City _____ Zip _____

Home phone (____) _____ - _____

Mobile phone (____) _____ - _____

Email _____

Date of Birth ____/____/____

Age _____

Social Security Number _____ - _____ - _____

Sex ____ Male ____ Female

Race:

- ☐ Do not wish to declare
☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Asian and White
☐ Black/African American and White
☐ Other _____

Are you Hispanic? ____ yes ____ no

Were you Foreign Born (born outside the USA)?

____ yes ____ no If yes:

Are you a citizen? ____ yes ____ no

Are you a permanent resident alien?
____ yes ____ no**Marital Status:**

- ☐ Married
☐ Single
☐ Divorced
☐ Separated
☐ Widowed

Education:

- ☐ None
☐ Primary
☐ High school diploma or equivalent
☐ College
☐ Graduate school
☐ Vocational school

Are you a veteran? ____ yes ____ no

Co-Applicant InformationName
_____Address ☐ Check if same

City _____ Zip _____

Relationship to Applicant _____

Home phone (____) _____ - _____

Mobile phone (____) _____ - _____

Email _____

Date of Birth ____/____/____

Age _____

Social Security Number _____ - _____ - _____

Sex ____ Male ____ Female

Race:

- ☐ Do not wish to declare
☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Asian and White
☐ Black/African American and White
☐ Other _____

Are you Hispanic? ____ yes ____ no

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Education:

- ☐ None
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☐ High school diploma or equivalent
☐ College
☐ Graduate school
☐ Vocational school

Are you a veteran? ____ yes ____ no

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the US Department of Agriculture (USDA), that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Household Information:

Applicant and co-applicant should fill in together, if applicable.

Estimated Annual Household Income _____
(include all sources of income: wages, social security, child support, SSI etc.)

Household Type:

- ☐ Female-headed single-parent household
☐ Male-headed single-parent household
☐ Married with Children
☐ Married without Children
☐ Single Adult
☐ Two or more unrelated adults
☐ Other _____

Family Size _____ (count everyone who lives with you at least 50% of the time).

Dependents:

Name/Gender	Age
_____	_____
_____	_____
_____	_____
_____	_____

List any other members of the household, their relationship and annual income below.

Is anyone in the household disabled? ____yes ____no

If yes, list name and relationship: _____

Please tell us how you learned about NHS:

____Shopping News ____Richland Observer
____Radio ____Muscodia Progressive
____Poster ____Website
____NHS client ____Relative/Friend
____Bank/Lender _____
____Other _____

Have you found a house or are you still looking?

Address: _____

Name of Realtor: _____

Lender name/location: _____

Housing Information

Are you a 1st time HomeBuyer? ____yes ____no

Are you a 1st generation HomeBuyer? ____yes ____no

Have you had ownership in a property in the past three years?
____yes ____no

If yes: What type of property did you own?
____Primary Residence ____Second Home
____Investment
How did you hold the title to the home?
____Solely (by yourself) ____Jointly with your spouse
____Jointly with another person

County in which you wish to purchase

Do you intend to occupy the property as your primary residence?

Applicant: ____yes ____no

Co-applicant: ____yes ____no

Current Housing:

- ☐ Do not pay rent
☐ Homeless
☐ Homeowner with a mortgage
 ☐ Mobile home in park lot rent per month _____
 ☐ Mobile home on land
 ☐ Other _____
☐ Homeowner with mortgage paid off
 ☐ Mobile home
 ☐ Other _____
☐ Rent
 Current Monthly Rent amount \$ _____

Do you receive ____section 8
____rental assistance

How long have you lived at current location?
____months ____years

If less than two years, prior address:

Employment Information

Applicant

Employer: _____

Address: _____

Business Type: _____

Phone number: _____

Fax number: _____

Job Title: _____

Wages: \$ _____ hr/wk/mo/yr

Average hours per week _____

Start date _____

Previous Income ☐ Full Time
☐ Part Time

If less than 2 years at current job, please give previous employer (if more room is needed, please continue on bottom of page or on a separate sheet):

Annual Salary: _____

Start date: ____/____/____ End date: ____/____/____

Reason for Leaving: _____

Additional Income

◆Second job (if working more than two jobs, please continue on bottom of page or on a separate sheet)

Employer: _____

Start date: ____/____/____

Wages: _____ Hours/week: _____

◆Do you receive disability pay? ____ Yes ____ No

State: \$ _____.

Federal: \$ _____.

◆Child Support Received \$ _____.

County _____

◆Social Security per month \$ _____.

◆Pension pay \$ _____.

From where? _____

Other forms of income and amounts:

Co-Applicant

Employer: _____

Address: _____

Business Type: _____

Phone number: _____

Fax number: _____

Job Title: _____

Wages: \$ _____ hr/wk/mo/yr

Average hours per week _____

Start date _____

Previous Income ☐ Full Time
☐ Part Time

If less than 2 years at current job, please give previous employer (if more room is needed, please continue on bottom of page or on a separate sheet):

Annual Salary: _____

Start date: ____/____/____ End date: ____/____/____

Reason for Leaving: _____

Additional Income

◆Second job (if working more than two jobs, please continue on bottom of page or on a separate sheet)

Employer: _____

Start date: ____/____/____

Wages: _____ Hours/week: _____

◆Do you receive disability pay? ____ Yes ____ No

State: \$ _____.

Federal: \$ _____.

◆Child Support Received \$ _____.

County _____

◆Social Security per month \$ _____.

◆Pension pay \$ _____.

From where? _____

Assets

Continue on back, if needed.

Applicant/ Co Applicant	Asset	Bank/Source Name	Location	Value
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Savings			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Checking			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Savings			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Checking			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Cash on Hand			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Bond/Stock			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Bond/Stock			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	CD/ Money Market			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	CD/ Money Market			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Retirement/401K/IRA			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Retirement/401K/IRA			
<input type="checkbox"/> Applicant	Cash Value of Life Insurance			
<input type="checkbox"/> Co-Applicant	Cash Value of Life Insurance			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Real Estate			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Real Estate			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other Personal Property of value (collectables)			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other Personal Property of value (collectables)			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other Personal Property of value (collectables)		Total:	

Liabilities

Continue on back, if needed.

Applicant/ Co Applicant	Liability Type	Creditor Name	Current Balance	Monthly Payment
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Vehicle loan			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Vehicle loan			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Vehicle loan			
<input type="checkbox"/> Applicant	Child Support			
<input type="checkbox"/> Co-Applicant	Child Support			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Credit card			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Credit card			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Credit card			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Credit card			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Credit card			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Credit card			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Credit card			
<input type="checkbox"/> Applicant	Student loan			
<input type="checkbox"/> Co-Applicant	Student loan			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Medical Bill			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Medical Bill			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other Bank Loan			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other Bank Loan			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Collection			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Collection			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other:			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	Other:		Total:	

Monthly Budget

Estimate what you spend each month on each of the following categories. Some expenses occur annually (ex: Christmas gifts) these should be divided by 12 so that they are accounted for in a monthly format.

Other expenses that vary by the time of year (ex: heating bills) should be written into your budget as an average. Less frequent or irregular expenses should also be listed in the budget as a monthly expense.

<u>Fixed Expenses</u>	\$ Spent per month
Rent or Mortgage	
Housing Costs:	
Electricity	
Gas or Oil for heating home	
Water/sewer	
Garbage	
Monthly Insurance Payments:	
Vehicle	
Renter's or Homeowner's	
Life	
Health	
Taxes (estimated tax payments above and beyond monthly withholding)	
Child Care	
Child Support paid	
Subtotal, Fixed	
<u>Debt payments</u>	
Car payment	
Credit Card (monthly min):	
Credit Card:	
Credit Card:	
Student Loan	
Medical Bill	
Payday loan	
Other:	
Other:	
Subtotal, Debt	
<u>Flexible Expenses</u>	
Food:	
Groceries	
Work/School Lunches	
Household:	
Installed Telephone	
Cell Phone	
Cable or Satellite T.V.	
Internet	
Household Supplies (Toilet paper, cleaning solutions, etc.)	
Household furnishings	
Transportation:	
Gas for Vehicle	
Vehicle Expenses (oil changes, repairs, etc.)	
Transportation other than car	
Personal Items:	
Hair cuts, make-up, shampoo, etc.	
Clothing	



For example:
If you pay \$300 towards your car insurance four times a year – for a total of \$1200 a year – that means you need to budget \$100 a month to have enough money for your quarterly payments.

Adapted from "Tips to Go," Peggy Olive, Family Living Agent, Richland County UW-Extension, 2005. Updated by NHS of Southwest Wisconsin 2/07/08.

Laundry or Dry Cleaning	
Personal allowance (“fun money”)	
Education	
School supplies	
Tuition	
Pets	
Food	
Vet bills	
Medical:	
Doctor	
Dentist	
Prescriptions	
Other:	
Other:	
Subtotal, Flexible	
Discretionary Expenses	
Going Out	
Eating out or take-out	
Other	
Hobbies/Crafts	
Contributions/Donations	
Dues (fitness clubs, social clubs, professional societies)	
Lessons (sports, dance, music)	
Kid’s allowances	
Gifts/Cards:	
Birthdays	
Holidays	
Other	
Stamps/Postage	
Newspapers/Magazines	
Pictures or Photo processing	
Vacations/Trips	
Video Rentals	
Tickets to movies, sporting events, concerts...	
Alcohol	
Cigarettes/Tobacco	
Pop/Candy/Snacks	
Gambling or lottery tickets	
Savings or Investment	
Other	
Other	
Subtotal, Discretionary	
TOTAL MONTHLY EXPENSES	

Total monthly <i>take home</i> income (ALL sources from page 7 after taxes and any other deductions)	
- Subtract total monthly expenses	
= Total monthly surplus or deficit	

NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.
125 E. SEMINARY
RICHLAND CENTER, WI 53581
Phone [608] 647-4949
Fax [608]647-8792

PERMISSION FOR CLOSING DISCLOSURE RELEASE

What it is: The Closing Disclosure is a federal form itemizing all the costs of the sale of a property and who pays for them. This includes the terms of your loan, such as the purchase price, settlement charges and down payment amount.

Why we ask for it: As a non-profit agency providing free, impartial services to the community, some of our funding sources require that we provide status information on the clients we counseled and helped to achieve the goal of homeownership. The information provided in the Closing Disclosure allows us to count you as a successful homebuyer!

I authorize the NeighborWorks Homeownership Center to obtain a copy of the Closing Disclosure from the lender who provided me a loan or the title company that closed the loan when I purchased a home.

Name (please print) _____

Signature: _____ Date: _____

CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, NHS of Southwest Wisconsin, ("Counselor") for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C.1681b(a)(2). I acknowledge that the Report is provided "AS IS" AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Signature: _____ Date: _____

Signature: _____ Date: _____

Neighborhood Housing Services of Southwest Wisconsin Program Disclosure Statement

Neighborhood Housing Services of Southwest Wisconsin is a HUD-approved, non-profit, community development agency serving all of Richland County (with certain programs extending to all of Southwest Wisconsin). The HomeOwnership Center provides pre-purchase education and individual counseling for homeownership, foreclosure prevention counseling, reverse mortgage counseling, financial capability classes and counseling, and post purchase education, as well as down payment assistance funds to qualifying borrowers. The NHS agency also consists of a Home Rehab Program, providing loans to low to moderate income homeowners to repair or rehab their homes, a New Home Construction Program, and the Park Hotel Senior Citizen Apartments. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Clients of NHS of Southwest Wisconsin are not obligated to receive, purchase or utilize any other services offered by the organization to receive housing counseling. This includes, but is not limited to, lenders, realtors, inspectors, or other housing professionals who present at NHS sponsored educational seminars or classes, down payment assistance or rehab loans, or the purchase of new homes constructed by NHS. Although NHS may provide a list of housing professionals in the area, clients are not required to purchase their services and may select any licensed professional of their choice. Rehab contractors must be on the NHS approved contractor listing.

GRIEVANCE/APPEAL STATEMENT

In the event the applicant disagrees with the rejection of his/her application, an appeal may be made in writing within 30 days of receipt of denial by agency. Applicant should include a short summary of why the decision is being appealed and include the name of the housing program being denied (i.e. HOME/HHR; HCRI; CDBG). Appeals should be directed to the NHS of Southwest Wisconsin Loan Committee in care of the Executive Director; 125 E Seminary Street, Richland Center, WI 53581. The NHS Loan Committee and Executive Director will review the appeal and notify the appellant of their final decision in writing within 60 days of receipt.

Date _____ Signature _____

Date _____ Signature _____

Agency Relationships: NHS has financial affiliation with HUD, NeighborWorks America, the State of Wisconsin, Richland County, the City of Richland Center, Federal Home Loan Bank of Chicago, and AnchorBank. As a housing counseling program participant, you are not obligated to use the products and services of NHS or our industry partners.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, NHS, 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 NHS grantors such as HUD, the State of Wisconsin, or NeighborWorks America.

**PRIVACY POLICY AND PRACTICES OF
NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.**

Neighborhood Housing Services of Southwest Wisconsin, Inc. values your trust and is committed to the responsible management, use, and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. "Personal information" as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal information such as credit history, income, employment history, financial assets, bank account information, and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations and financial fitness counseling, and to assist you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

Information that we receive from you on application or other forms,
Information about your transactions with us, our affiliates, or others,
Information that we receive from a consumer reporting agency, and
Information that we receive from personal and employment references, and any other sources necessary to verify customer information.

Information We Disclose

We may disclose the following kinds of personal information about you:

Information that we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income;
Information about your transactions with us, our affiliates or others, such as your account balance, payment history, and parties to your transactions; and
Information that we receive from a consumer reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.

To Whom We Disclose

We may disclose your personal information to the following types of nonaffiliated third parties:

Financial service providers, such as companies engaged in providing home mortgage or home equity loans, and
Others, such as nonprofit organizations involved in community development, but only for program review, auditing, and research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

You May Opt-out of Certain Disclosures

You have the opportunity to "opt-out" of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time you wish to "opt-out" or change your decision with regard to your "opt-out", you may call us at 608-647-4949.

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, assisting 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. In addition, our employees are trained in the importance of maintaining confidentiality and client privacy. Our safeguards comply with federal regulations to guard your personal information.