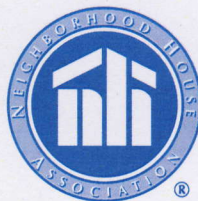


Chairperson
Gil Johnson



President and CEO
Rudolph A. Johnson, III

Dear Neighbor,

Welcome to the Neighborhood House Association's (NHA) HUD-Approved Housing Counseling Program! Since 1973, NHA has offered comprehensive housing counseling services to the San Diego community. The program offers a variety of rental placement and homeownership services, including:

- Rental placement counseling and referrals
- Home-buyer education classes and pre-purchase counseling
- Mortgage default, delinquency and foreclosure prevention counseling

Our Housing Counselors are well-trained to provide clients with educational information to assist them in exercising their rights and to help them understand the responsibilities of tenancy or of a homeowner. Attached to this letter is a HOUSING COUNSELING INTAKE PACKET. Please complete the packet and bring it with you to your counseling session. This will help your HUD-Approved Housing Counselor provide the best customer service possible.

Housing Services are available in Spanish or English, Monday through Friday from 8a.m. to 5p.m. at NHA's Social Service Campus, located at 841 South 41st Street, San Diego, CA 92113. Please feel free to contact us at 619-263-7761 or visit our website for more information <http://www.neighborhoodhouse.org/nha-programs/community-services/housing-counseling/>.

NHA is one of San Diego County's largest multi-purpose human services agency. NHA helps thousands of individuals and families improve their quality of life by providing vital social services including healthcare, child, housing, family and senior services.

We look forward to serving you!

Sincerely,

The HUD Housing Counseling Program Team
"A neighbor you can count on...since 1914"



INTAKE FORM

CONTACT INFORMATION

First _____ Last _____ Middle _____

Street _____

City _____ State _____ Zip Code _____

(_____) - (_____) - (_____) -
Home Work Other/Cell

Preferred Contact Type

- Home Phone Work Phone Cell Phone

Preferred Language in Household _____ Email _____

MORTGAGE SCAM ALERT

Check if you have paid any up-front fees for loan modification assistance or have been a victim of a loan scam.

I have receive loan modification scam alert reporting information: _____
Initial here

CASE DATA

Are you a Head Start Family / Employee? Yes No

Total Number of Co-Applicants 1 2 3 4 5

Referral Source: How did you hear about us? (Check all that apply)

- | | | | |
|---|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Staff/Board Member | <input type="checkbox"/> News Article | <input type="checkbox"/> Lender | <input type="checkbox"/> Other |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Radio | <input type="checkbox"/> TV | |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> FHA | <input type="checkbox"/> Univision 17 | |
| <input type="checkbox"/> HUD Website | <input type="checkbox"/> Realtor | <input type="checkbox"/> City of _____ | |
| <input type="checkbox"/> NHA Website | | | |

Race (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other/Multiple Race |
| <input type="checkbox"/> Hispanic | |

How many people are in your home? _____

- | | | |
|--|------------------------------------|---------------------------------------|
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Who is considered the Head of Household? | <input type="checkbox"/> Applicant | <input type="checkbox"/> Co-Applicant |
| Are you a Veteran? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you Foreign Born? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Age _____ Birth Date _____/_____/_____

CASE DATA (continued)

Are you Disabled? Yes No
Is your Dependent Disabled? Yes No

Education

College High School/GED None
 Primary Vocational

Marital Status Single Married

What is your approximate yearly income? \$ _____

What County do you currently live in? _____

Current Residence? Own Rent

Social Security Number

_____-_____-_____

CO-APPLICANT

First Last Middle

Street

City State Zip Code

(_____) _____ (_____) _____ (_____) _____
Home Work Other/Cell

Are you Disabled? Yes No

Social Security Number

_____-_____-_____

Relationship to Primary Customer

Brother Employer Father Husband
 Mother Sister Wife Other

Race (Check all that apply)

American Indian/Alaskan Native Native Hawaiian/Pacific Islander
 Asian White
 Black/African American Other/Multiple Race
 Hispanic

Birth Date ____/____/____

Email

Gender Male Female

Are you a Veteran? Yes No

Are you Foreign Born? Yes No

ADDITIONAL INFORMATION

Household Type

- Female-headed single-parent Married with dependents Single Adult
 Male-headed single-parent Married without dependents Two or more unrelated adults
 Other

Default Reason

- Business venture failed Increase in expense Not in default
 Death of a family member Increase in loan payment Poor budget management
 Divorce/Separation Loss of income Reduction in income
 Other Medical Issues

Employer

Title

Date Start

Busines Type

Monthly Gross Income

Monthly Net Income

Housing Arrangement Homeowner with a mortgage Homeowner with mortgage paid off

SERVICE DISCLOSURE (Please Review)

Neighborhood House Association (NHA) is a housing counseling agency, certified by the Department of Housing and Urban Development (HUD), to offer assistance in guiding you through the foreclosure prevention/loan modification process. We are not a legal firm and do not offer legal advice. Your legal rights regarding a delinquent status of your loan or bankruptcy considerations should be discussed with an attorney. Tax consequences of foreclosure or pre-foreclosure sales should be discussed with a qualified tax professional.

Should you decide to sell your home as a way of avoiding foreclosure, you have a right to choose your own real estate agent, lending institution, and all other real estate industry professionals. Taking part in our group or individual counseling services does not require you to use any of our real estate or mortgage services, or use the services of anyone that we may refer to you.

PRIVACY POLICY (Please Review)

We at Neighborhood House Association HUD Housing Counseling Services value your trust and are 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 financial 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, financial counseling and to aid 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 applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

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

- Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;

PRIVACY POLICY (Cont'd)

- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as you credit bureau reports, your credit history and your creditworthiness.

To Whom We Disclose

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

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

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

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you a opportunity to direct that such information not be disclosed.

Confidentiality & Security

We restrict access to personal information about you to those of our employees who need to know that information o provide products and service to you ad 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. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

SIGNATURE

I/We understand the information provided above and give authorization to Neighborhood House Association HUD Housing Counseling Services to enter information in my file to a data collection system, and open files which may be monitored and reviewed for compliance purposes. In addition I/We give authorization to pull my/our credit records for the purpose of evaluation and progress monitoring.

Client

Date

Joint Client

Date

The information we collect through our Intake Form is used to aid us in assisting you and evaluating our programs and services. Unless you provide direct written consent we do not disclose your personal information to any unaffiliated third parties other than for required program auditing. If you have any questions or concerns please feel free to discuss them with any of our Housing Counselors.



FOR OFFICE USE ONLY

Assigned Counselor

Service Type



Certification & Third Party Authorization Form

(Please Print)

Name: _____

Social Security No.: _____

Date of Birth: _____

Address: _____

Spouse Name: _____

(If Applicable)

Social Security No.: _____

Date of Birth: _____

I/We hereby authorize the Neighborhood House Association (NHA) and/or its assigned agents to order a consumer credit report on me/us and discuss my/our current situation with appropriate lenders and other professionals. It is understood that the information on my/our report will be used as necessary to evaluate my/our acceptance into foreclosure prevention program. NHA and its agents may obtain any or all documentation or information that they request for investigation and submission into their programs. No other use of my/our credit information is authorized by me/us.

I understand that NHA's agent provides foreclosure intervention counseling after which I will receive a written homeowner action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

I understand that NHA receives Congressional funds through the U.S. Dept. of Housing & Urban Development (HUD) Housing Counseling program and, as such, is required to share some of my personal information with HUD program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I may be referred to other housing services within NHA's organization or another agency for complimentary services 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, I will be referred for appropriate assistance.

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

By signing below, you acknowledge you have read this disclosure(s) and are willing to participate in this program.

Borrower (printed) _____

Borrower (signed) _____ Date _____

Borrower (printed) _____

Borrower (signed) _____ Date _____

Housing Counselor (signed) _____ Date _____



MONTHLY BUDGET

841 South 41st Street
 San Diego, CA 92113
 (619) 263-7761 Fax 619-263-6398
 www.neighborhoodhouse.org

Client Name _____

HOUSING	Monthly Cost
Mortgage payment	
Second loan	
Property Taxes	
Homeowner's Insurance	
Phone	
Electricity	
Gas	
Water and sewer	
Cable	
Waste removal	
Maintenance or repairs	
Other	
Subtotal	
TRANSPORTATION	Monthly Cost
Vehicle 1 payment	
Vehicle 2 payment	
Bus/taxi fare	
Insurance	
Fuel	
Maintenance	
Other	
Subtotal	
PERSONAL CARE	Monthly Cost
Medical	
Clothing	
Health club	
Other	
Subtotal	
LEGAL	Monthly Cost
Attorney	
Alimony	
Payments on lien or judgment	
Other	
Subtotal	
GIFTS & DONATIONS	Monthly Cost
Charity 1	
Charity 2	
Subtotal	
SAVINGS/INVESTMENTS	Monthly Cost
Retirement account	
Investment account	
College	
Other	
Subtotal	

TOTAL INCOME BEFORE TAXES	
----------------------------------	--

TOTAL INCOME AFTER TAXES	
---------------------------------	--

CHILDREN	Monthly Cost
Medical	
Clothing	
School tuition	
School supplies	
Organization dues or fees	
Lunch money	
Child care	
Toys/games	
Other	
Subtotal	

ENTERTAINMENT	Monthly Cost
Video/DVD/CDs	
Movies	
Concerts/Sporting Events/Theater	
Other	
Subtotal	

FOOD	Monthly Cost
Groceries	
Dining out	
Other	
Subtotal	

PETS	Monthly Cost
Food/Toys/Grooming	
Medical	
Other	
Subtotal	

LOANS	Monthly Cost
Personal	
Student	
Credit card	
Credit card	
Other	
Subtotal	

TOTAL INCOME AFTER TAXES	
TOTAL EXPENSES & DEBTS	
TOTAL DISPOSABLE INCOME	



NEIGHBORHOOD HOUSE ASSOCIATION

The Neighborhood House Association (NHA) is San Diego County's largest multi-purpose human services agency. NHA serves San Diego County through a network of nine programs in over 130 locations. NHA helps thousands of individuals and families improve their quality of life by providing vital social services including employment, healthcare, child, family and senior services.

WEBSITE: www.neighborhoodhouse.org



Neighborhood House Association

LOCATIONS: 5660 Copley Drive,
San Diego, CA 92111 (NHA Headquarters)

841 South 41st Street, San Diego, CA 92113
(41st St. Administrative Services)

MAIN NUMBER: 858-715-2642

PROGRAMS AND SERVICES:

Head Start/Early Head Start: Head Start is a federally-funded child development program designed to help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional and psychological needs. Early Head Start focuses on children six weeks to three years of age, as well as pregnant and post-partum low-income women.

CONTACT: 1-888-873-5145

Senior Service Center: The Senior Service Center provides daily breakfast and lunch meals to adults 60 years of age and older, as well as a place for seniors to gather five days a week to enjoy recreational activities, enrichment classes and field trips. **CONTACT:** 619-263-2108

Adult Day Health Care: An adult day treatment program that provides nursing, psychosocial nutrition services and occupational and physical therapy activities to adults 18 or older who have physical or mental health problems that affect their ability to perform activities of daily living. **CONTACT:** 619-233-6691



FACT SHEET

Project Enable/Friendship Clubhouse: Services primarily focus on providing medication management and symptom reduction to adults who have, in most cases, been diagnosed with serious mental illness. The Friendship Clubhouse provides skills training, socialization, recreation, assistance with daily living, job skills training, vocational and employment services and recreational activities for Project Enable clients.

CONTACT: 619-263-6155

HIV/AIDS Case Management/Transportation: HIV/AIDS Case Management is aimed at improving the health status, quality of life and life expectancy of HIV/AIDS affected and infected clients. HIV/AIDS Transportation Services provides transportation to low-income residents of San Diego County who are affected by HIV/AIDS. CONTACT: 619-266-9400

The CONNECTION: teen pregnancy prevention program that provides pro-active education to high-risk teens. CONTACT: 619-263-7761

Housing Counseling: The Housing Counseling Program, a Housing and Urban Development (HUD) approved agency, offers comprehensive education and counseling to homeowners, renters and landlords. CONTACT: 619-263-7761

Emergency Assistance: NHA provides short-term emergency social services for those in crisis. Services include water, gas and electricity support as well as emergency food support. Services are offered daily from 1:30pm-4:30pm at NHA's 41st Street Administrative Services Office.