



Neighborhood Housing Partnership  
OF GREATER SPRINGFIELD

**ITEMS NEEDED TO APPLY FOR EMERGENCY HOME REPAIR**

- Completed NHP intake form, credit authorization and housing disclosure, budget
- Copy of driver's license or picture identification
- Last 2 years' W-2 forms with Federal tax returns (2021 & 2020)
- Copy of most recent month's paystubs
- Documentation of all other income; examples include:
  - Awards letter for Social Security benefits
  - 12 months' recent history for Child Support benefits
  - Verification of Retirement/Pension benefits
- One recent utility bill (like a gas, electric, or water bill)
- Copy of (2) most recent bank statements, all pages
- Copy of most recent statement from 1<sup>st</sup> mortgage lender
- Current Declarations Page for hazard insurance policy  
(If not available, agent's name \_\_\_\_\_ and phone # \_\_\_\_\_)
- Credit Report fee - \$37.55/individual; \$58.20/joint (amortizing loan programs only)

Additional information may be requested at time of application:

- Divorce Decree;
- Bankruptcy Papers (Discharge letter and List of creditors)
- If self-employed, 2 years' Tax Returns and Current Profit and Loss Statement

**Neighborhood Housing Partnership of Greater Springfield, Inc.**

**MB #803422**

**527 E. Home Rd., Springfield, Ohio 45503 (937) 322-4623**

[www.springfieldnhp.org](http://www.springfieldnhp.org)

Helping you find the way home



**Neighborhood Housing Partnership of Greater Springfield  
EMERGENCY REPAIR APPLICATION**

Date: \_\_\_\_\_

*Please provide information about yourself. Thank you!*

APPLICANT INFORMATION			CO-APPLICANT INFORMATION		
First Name:	MI:		First Name:	MI:	
Last Name:			Last Name:		
Address:			Address:		
City	State:	Zip	City:	State:	Zip
Home Phone:	Work:	Cell Phone:	Home Phone:	Work:	Cell Phone:
E-mail address:			E-mail address:		
SS#	Birthdate:		SS#	Birthdate:	
Education Level:			Education Level:		
Gender:	M	F	Gender:	M	F
Ethnicity: Hispanic or Non-Hispanic Race:			Ethnicity: Hispanic or Non-Hispanic Race:		

**Please check all that apply:**

- 6. Marital Status  Single  Married  Divorced  Separated  Widowed
- 7. Female Head of Household?  Yes  No      8. Foreign Born?  Yes  No
- 9. Are you a First-time Homebuyer (not owned in 3 years)?  Yes  No
- 10. Disabled?  Yes  No      11. Veteran?  Yes  No
- 12. Family Size \_\_\_\_\_ (Yourself plus dependents)
- 13. Gross Annual Household Income \$ \_\_\_\_\_  
(before taxes – include child support, pension, disability, etc)
- 14. Do you currently?  Rent, if so;  Section 8?  Own  Other \_\_\_\_\_
- 15. How Did You Hear About Our Organization?  
 Newspaper  Bank  Walk-In  Staff Member  Previous Customer  Realtor  
 Friend/Relative  Flyer  Homebuyer Fair  Yard Sign  Other: \_\_\_\_\_
- 16. Services I am interested in:  Homebuyer Education  Credit Counseling/Money Management  
 Home Repair Repair needed: \_\_\_\_\_  
 Down Payment Assistance  Mortgage Delinquency Counseling

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of services. Furthermore, I understand that the completion of the application in no way guarantees me that I will receive housing assistance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

BUDGET WORKSHEET, complete all that applies			Name: _____		
Monthly expenses:			Monthly expenses:		
Housing	Actual:	Projected/Affordable:	Insurance & Medical	Actual:	Projected/Affordable:
1st Mortgage/ RENT			Health Ins. (not payroll deducted)		
2nd Mortgage			Life Insurance		
Taxes (if not escrowed)			Medical / Dental Bills		
Insurance (if not escrowed)			Prescriptions		
PMI / MIP			<b>Insurance &amp; Medical Subttl:</b>		
Condo or Association Fees					
Maintenance / Repairs					
<b>Housing Subttl:</b>					
Utilities	Actual:	Projected/Affordable:	Household	Actual:	Projected/Affordable:
Electric			Grocery Store / Food		
Gas or Propane			Toiletries / Cleaning Supplies		
Water and/or Sewer			Child Care / Babysitter		
Trash Pick Up			Eating Out		
Phone landline			Work and/or School Lunches		
Cable or Satellite			School Fees / Tuition		
Internet			Clothing / Shoes		
Cell Phone(s)			Spending Money / Misc.		
Cable/Internet/Phone			Entertainment		
Other:			Laundry / Dry Cleaning		
<b>Utilities Subttl:</b>			Child Support (not pay ded.)		
Transportation	Actual:	Projected/Affordable:	Subscriptions / Club Dues	Actual:	Projected/Affordable:
Car Payment # 1			Hair / Nail Care		
Car Payment # 2			Holidays/Birthdays/Weddings		
Car Payment # 3			Contributions/Church/Charity		
Auto Insurance			Pet(s) / Animal(s) / Veterinary		
Gasoline			Gambling / Lottery		
License and Registration			Cigarettes / Alcohol		
Maintenance			<b>Household Subttl:</b>		
Bus Fair					
Other:					
Other:					
Other:					
Other:					
<b>Transportation Subttl:</b>					
Loans/Credit Cards	Actual:	Projected/Affordable:	Monthly Expenses -per category	Actual:	Projected/Affordable:
Student Loan(s) Total			Housing		
Installment Loan # 1			Utilities		
Installment Loan # 2			Transportation		
Credit Card # 1			Loans/ Credit Cards		
Credit Card # 2			Insurance & Medical		
Credit Card # 3			Household		
Credit Card # 4			<b>Monthly Expenses Total:</b>		
Credit Card # 5					
Credit Card # 6					
Rent-A-Center(s)					
Payday Loan(s)					
Other:					
Other:					
<b>Loans/Credit Card Subttl:</b>		\$			
			Net Monthly Income (after taxes)	Actual:	Projected/Affordable:
			#1		
			Gross: \$		
			#2		
			Gross: \$		
			#3		
			Gross: \$		
			<b>Net Income Total:</b>		
				Actual:	Projected/Affordable:
			<b>Net Income Total</b>		
			<b>Minus Monthly Expenses Total</b>		
			<b>Savings</b>		



Neighborhood Housing Partnership  
OF GREATER SPRINGFIELD

Neighborhood Housing Partnership of Greater Springfield, Inc. (NHP)  
527 E. Home Rd., Springfield, OH 45503  
Phone: (937)322-4623  
Fax: (937)322-4619

Waiver and Authorization to Release Information

The client recognizes that in order for Neighborhood Housing Partnership of Greater Springfield to provide its services, the referral source for the client, as well as other persons, firms or organizations will request NHP to furnish certain information concerning the clients' financial condition.

The client expressly authorizes NHP to: 1) disclose any information concerning the financial status of the client to the referral source and project partners; 2) obtain and review financial information concerning the client from the referral source and project partners as NHP deems necessary, 3) obtain and review the clients' credit report (s) from the credit reporting agencies, 4) request verification of income and residence, and 5) collect copies of my loan application, supporting documentation and closing statement from my lender and/or closing company handling my loan.

NHP agrees that all information in the clients file will be otherwise kept confidential.

The client agrees to hold NHP, their employees, officers and agents harmless from any claim, suit, action or demand in connection with any services rendered by NHP to the client. The client recognizes that NHP has no responsibility or obligation for any part of the loan approval/denial process.

NHP has a commitment to provide quality services. If you have any concerns or complaints regarding the services provided by NHP, you may contact Greg Womacks, Executive Director, at (937) 322-4623.

The client also authorizes NHP to disclose the client's identity and his/her personal and financial information to a party collecting such information for research, the results of which are to be used by NHP and comparable organizations, and to the following parties or for the following purposes:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

SS# \_\_\_\_\_

SS# \_\_\_\_\_

Amy J. Miller \_\_\_\_\_ Date \_\_\_\_\_  
Sr. Housing Counselor

Property Address: \_\_\_\_\_

MB #803422 \_\_\_\_\_  
February 2021

City, State: \_\_\_\_\_





## Housing Counseling - Conflict of Interest Disclosure

Neighborhood Housing Partnership of Greater Springfield, Inc. (NHP) creates and preserves affordable, quality housing and strong neighborhoods through partnerships of residents, government and business. NHP is a non-profit 501©3 organization dedicated to increasing and preserving homeownership, promoting the development and rehabilitation of housing, and supporting vibrant, healthy neighborhoods.

1. I understand that NHP offers the following housing counseling services in-house:
  - Pre-purchase individual counseling; Pre-purchase group education; Post-purchase individual counseling
2. I understand that NHP offers the following loan products for home repairs in-house:
  - Emergency Repair Loans (Amortizing and Deferred); Emergency Repair Grants
3. NHP provides housing counseling after which I will receive an action plan consisting of recommendations, possibly including referrals to other community agencies as appropriate.
4. I understand that NHP is a licensed mortgage broker and may originate first and second mortgage products.
5. I understand that NHP may receive compensation from USDA and other lenders for packaging and/or loan originations.
6. I may be referred to other services of the organization or other 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.
7. I understand that NHP provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from NHP in no way obligates me to choose any of these particular loan products or housing programs.
8. 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, but I am not obligated to use any of the services offered to me.
9. I acknowledge that I have received a copy of NHP’s Privacy Policy and Client Termination/Close-out Policy.
10. I acknowledge that I have received the following home inspection materials: HUD/EPA Forms "For Your Protection: Get a Home Inspection", "Ten Important Questions to Ask Your Home Inspector", and "Disclosure of Lead-Based Paint Hazards in Housing".
11. I understand that the following NHP services have an associated fee that I am responsible to pay:
  - Homebuyer Education Course: \$50.00
 \*Scholarships available to Clark County residents with household income under 200% Federal Poverty guidelines with at least 1 dependent child
  - eHome America online HBE Course: \$99.00
  - Tri-Merge Credit Reports with Scores – Individual / Joint: \$37.55 / \$58.20
  - HOEPA individual counseling session: \$100.00

**Client’s Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

updated 04/2022



## **Privacy Policy**

Neighborhood Housing Partnership of Greater Springfield (NHP) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you 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 "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 Foreclosure Mitigation Counseling Agreement. 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 that we gather about you**

- Information we receive from you orally, on applications or other forms, 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 of certain disclosures**

1. 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.
2. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at (937) 322-4623 and do so.

### **Release of your information to third parties**

1. 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 which make our services possible.
2. 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).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

## Client Termination/ Close-out Policy

NHP seeks to be an ongoing resource for clients of housing counseling services. Housing counseling includes Pre-purchase, Post-purchase/non-default, and Mortgage Delinquency. In some circumstances, a client may be terminated under the following conditions:

- (1) The client meets his or her housing need or resolves the housing problem; e.g.
  - a) Pre-Purchase: purchases a home
  - b) Mortgage Delinquency: reaches an outcome with the lender
- (2) The agency determines that further housing counseling will not meet the client's housing need or resolve the client's housing problem;
- (3) The agency attempts to, but is unable to, locate the client;
- (4) The client does not follow the agreed-upon action plan;
- (5) The client otherwise terminates housing counseling;
- (6) The client fails to appear for 2 or more housing counseling appointments.
- (7) The client threatens or exhibits abusive conduct toward counselor(s) and/or NHP staff.

General guideline: Client files seasoned 6 months (based on intake date) will be reviewed monthly to determine if close out/termination is warranted for any of the above conditions. A letter will be mailed to client asking for a response within ten (10) days to keep their file active. Client file will be documented and database status changed to "inactive", if no response is received. A file status will be changed to "completed" if client has meet goal (such as home purchase or loan modification). Clients will be welcome to re-activate file at any time for additional counseling.