



BRIGHTON PARK NEIGHBORHOOD COUNCIL

Please be advised that we are a HUD-Certified agency. Our housing counseling services are totally free to the community.

General Action Plan (Pre-Purchase)

CLIENT'S NAME: _____ APPOINTMENT DATE: _____

COUNSELOR'S NAME: _____ APPOINTMENT TIME: _____

For assistance with purchasing a home, please bring the following documents: Failure to bring the necessary documentation will only delay your appointment to a later day to meet with a counselor.

Pre-Purchase list of documents:

- Copy of State of Illinois Driver's License, State ID, Matricula or US Passport (**Identification must be current**)
- Copy of your most recent credit report. We can order it for you. There will be a surcharge of \$21.00 for one person \$36.00 for two people if we order it for you.
- Last 60 days of pay stubs of any source
- 6 months of Profit and Loss
- Bank statements for the last 2 months (**ALL ACCOUNTS**)
- 2018/2019 Income Taxes and W2's
- Utility Expenses:
 - Electricity
 - Natural Gas
 - Credit Cards
 - Insurance
 - Etc.
- Other: _____

Contact information

Address:
4477 S Archer Ave.
Chicago, IL 60632

Phone:
(773) 523-7110

Fax:
(773) 523-7023

Office Hours:
Monday thru Friday
9am to 4pm

If Applicable:

- ❖ Real Estate contract
- ❖ Loan Estimate
- ❖ Down Payment Assistance Forms

If you have any questions about your appointment or need to reschedule, please contact us at (773) 523-7110 and ask to speak with Jasmine Anzo or Lisa Villanueva

ACTION PLAN: Please make sure you bring all this documents 2 or 3 days before your actual appointment to meet with a housing counselor. If you are missing 3 or more of the documents, an appointment to meet with a housing counselor will not be scheduled until the documentation is complete.



Brighton Park Neighborhood Council
4477 S. Archer Ave Chicago, IL 60632 | T: (773)523-7110 | F: (773)523-7023

Authorization Form to Release Information

Participant: _____ SS#: _____
Co-Participant: _____ SS#: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Email: _____

Sub-Grantee Nonprofit Agency: Brighton Park Neighborhood Council:

Department Director:	Veronica Villaseñor	773 523-7110	vvillasenor@bpncchicago.org
Counselor(s):	Evelyn Tapia	773 523-7110	etapia@bpncchicago.org
	Jasmine Gonzalez	773 523-7110	jmagana@bpncchicago.org
Case Manager(s):	Lisa Villanueva	773 523-7110	lvillanueva@bpncchicago.org
	Jasmin Anzo	773 523-7110	jgarcia@bpncchicago.org

Authorized UNIDOS US Representatives:

Eric Salazar esalazar@unidosus.org | Jorge Rivera jrivera@unidosus.org

► I/We further authorize Brighton Park Neighborhood Council (BPNC) (Here after "Non-profit Agency) and its representatives to speak with my/our lender and with whoever has servicing responsibilities for my/our loan and to provide to such parties documentation on my/our behalf regarding my/our loan.

► I/We also authorize the lender and /or servicer handling my/our loan to verify share and collect loan information and any other documentation related to the purchase of my home with Non-profit Agency.

► Non-profit Agency agrees to maintain the confidentiality of borrower(s) information; however, I/we also authorize Non-profit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

► I/We further authorize Non-profit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our foreclosure counseling or qualification for loan refinance or modification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers named above and will only remain valid until revoked in writing by any borrower or co-borrower named above.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL
PRIVACY POLICY

Brighton Park Neighborhood Council 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 Pre-Purchase and Homebuyers Authorization. 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

- 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.
- You may Opt- out of this requirement, but proof of your decision to opt-out must be recorded in your client file.
- 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 (phone number) and do so.

Release of your information to third parties

- 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.
- We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
- 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).
- 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.

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL
DISCLOSURE STATEMENT

This Disclosure Statement is provided by **Brighton Park Neighborhood Council** to all clients seeking Pre-Purchase Counseling and Homebuying Education from **Brighton Park Neighborhood Council**.

Complete list of services provided by **Brighton Park Neighborhood Council** in addition to counseling:

-School-based mental health counseling, case management, and crisis intervention services -Before-and-after-school academic enrichment programming -Youth and adult leadership training and organizing -Public policy advocacy (violence prevention, education justice, immigration rights) -Parent safety patrol and other violence prevention services -Foreclosure mitigation counseling -Homeownership Education: Pre-Purchase, Post-Purchase counseling and Financial Capability -Affordable Care Act, SNAP, and Medical Card -Property Tax and Homeowner Insurance Review, Property Tax Appeal -LIHEAP and Weatherization services -Rental Counseling -Financial Coaching/Literacy -Volunteer Income Tax Assistance through Center of Economic Center -Illinois Hardest Hit Fund Program

Description of any financial relationships between **Brighton Park neighborhood Council** and any other industry partners: [identify relationship, compensation structure and name of industry partner] **-Not Applicable**

As a client of **Brighton Park Neighborhood Council** you are not obligated to receive any other services offered by **Brighton Park Neighborhood Council** or its industry partners (as identified above).

Brighton Park Neighborhood Council certifies that its staff and volunteers who will provide Pre-Purchase Counseling, Education for Homebuyers, Home Maintenance and Financial Management under the HUD Comprehensive Housing Services have no conflict(s) of interest due to any other relationships with servicers, real estate agencies, mortgage lenders and/or other entities or industry partners (whether identified above or not) that may stand to benefit from particular counseling outcomes.



Executive Director/Authorized Official Signature

Patrick Brosnan, Executive Director

Printed Name and Title

I/we hereby verify that by signing this disclosure statement I/we confirm that I/we have read the above disclosed information, and received a copy of the disclosure statement.

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____



OPEN DATE: _____

UNIQUE/CASE#: _____

I hereby authorize and instruct BRIGHTON PARK NEIGHBORHOOD COUNCIL (hereinafter BPNC) to obtain and review my credit report by signing this form and providing my information. My credit report will be obtained from a credit-reporting agency chosen by BPNC. I understand and agree that BPNC intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

BPNC RUNNING YOUR CREDIT REPORT WILL NOT AFFECT YOUR CREDIT SCORES!

*****In order to process your application, please complete the entire application. Please write legibly and with black or blue ink*****

Personal Information:

First name: _____ Last name: _____

Current address: _____ City: _____ State: _____ Zip code: _____

Date of birth: ____/____/____ Social Security #: _____-____-____

Home phone: (____) _____ Alternate phone: (____) _____ Cell #: (____) _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening email address: _____

Preferred contact type: _____ Residency Status: ☐ own ☐ rent ☐ other: _____

How long have you live at this current address: year's months

Do you live in a rural area? ☐ Yes ☐ No

Demographics:

Gender: ☐ Female ☐ Male Marital status: ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ Divorced

Country of origin: _____ Citizenship: ☐ United States Citizen ☐ Permanent Resident Alien
☐ Non-Resident Alien

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Preferred not to answer

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

English Proficiency Status: ☐ Limited English Proficient ☐ Not Limed English Proficient

Active Military? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No If yes, do you need special arrangements? ☐ Yes ☐ No

Household size: Number of Dependents: Adults Children

Preferred Language: _____ Highest education level: _____

Have you been victim of predatory lending? ☐ Yes ☐ No

Have you been victim of discrimination? ☐ Yes ☐ No

Are you a first time home buyer? ☐ Yes ☐ No

Have you file bankruptcy? ☐ Yes ☐ No is the bankruptcy active? ☐ Yes ☐ No

What chapter did you file? ☐ Chapter 7 ☐ Chapter 13

Employment History:

Are you employed? ☐ Yes ☐ No If yes, are you: ☐ Full-time ☐ Part-time ☐ Seasonal

How long have you been with this employer? Years Months

Are you self-employed? ☐ Yes ☐ No Are you unemployed? ☐ Yes ☐ No

If yes, are you receiving unemployment benefits: ☐ Yes ☐ No When did you started receiving benefits: ____/____/____

Employment start date: ____/____/____

Employer's Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Office phone: (____) _____ ext. _____ Alternate phone: (____) _____

Annual salary:\$ _____ Your tittle/position: _____

Are you paid? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ monthly

Other source of income:

A. _____ \$ _____

B. _____ \$ _____

Bank accounts:

1. Bank's name: _____

Balance in checking account:\$ _____ Balance in savings: \$ _____

2. Bank's name: _____

Balance in checking account:\$ _____ Balance in savings: \$ _____

Co-Applicant:

Personal Information:

First name: _____ Last name: _____

Current address: _____ City: _____ State: ____ Zip code: _____

Date of birth: ____/____/____ Social Security #: ____-____-____

Home phone: (____) _____ Alternate phone: (____) _____ Cell #: (____) _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening email address: _____

Preferred contact type: _____ Residency Status: ☐ own ☐ rent ☐ other

How long have you live at this current address: year's months

Do you live in a rural area? ☐ Yes ☐ No

Demographics:

Gender: ☐ Female ☐ Male Marital status: ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ Divorced

Country of origin: _____ Citizenship: ☐ United States Citizen ☐ Permanent Resident Alien
☐ Non-Resident Alien

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Preferred not to answer

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

English Proficiency Status: ☐ Limited English Proficient ☐ Not Limited English Proficient

Active Military? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No If yes, do you need special arrangements? ☐ Yes ☐ No

Household size: Number of Dependents: Adults Children

Preferred Language: _____ Highest education level: _____

Have you been victim of predatory lending? ☐ Yes ☐ No

Have you been victim of discrimination? ☐ Yes ☐ No

Are you a first time home buyer? ☐ Yes ☐ No

Have you file bankruptcy? Yes No is the bankruptcy active? Yes No

What chapter did you file? ☐ Chapter 7 ☐ Chapter 13

Employment History:

Are you employed? ☐ Yes ☐ No If yes, are you: ☐ Full-time ☐ Part-time ☐ Seasonal

How long have you been with this employer? years months

Are you self-employed? ☐ Yes ☐ No Are you unemployed? ☐ Yes ☐ No

If yes, are you receiving unemployment benefits: ☐ Yes ☐ No When did you started receiving benefits: ____/____/____

Employment start date: ____/____/____

Employer's Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Office phone: (____) _____ ext. _____ Alternate phone: (____) _____

Annual salary: \$ _____ Your title/position: _____

Are you paid? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ monthly

Other source of income:

1. _____ \$ _____

2. _____ \$ _____

Bank accounts:

1. Bank's name: _____

Balance in checking account: \$ _____

Balance in savings: \$ _____

2. Bank's name: _____

Balance in checking account: \$ _____

Balance in savings: \$ _____

Housing Information:

Do you plan to buy a house in: ☐ 3 months ☐ 6 months ☐ 1 year

Are you pre-approved for a home mortgage loan? ☐ Yes ☐ No

If yes, what date you were pre-approved? : ____/____/____ how much? \$ _____

What is your biggest obstacle (s) to purchase a home? _____

Other:

How did you hear about the program? _____

What topics interest you?

☐ Credit repair/ Obtaining Credit ☐ Landlord training ☐ Money management/Establishing a budget

☐ Foreclosure Prevention ☐ Homeownership counseling (How much you can afford, types of mortgages, down payment & closing costs)

☐ Tenant/landlord rights

☐ Other: _____

Applicant's signature: _____ Date: _____

Co-applicant's signature: _____ Date: _____

Please return to:

Brighton Park Neighborhood Council
4477 S. Archer Ave.
Chicago, IL 60632
Tel. 773- 523-7110
Fax 773- 523-7023

OFFICE USE ONLY

Documents Received By: _____

Date: _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL

BUDGET

Name (s): _____

Phone: (____) _____

<i>Monthly Income</i>	<i>Source</i>	<i>Monthly Gross</i>	<i>Monthly Net</i>
His Salary			
Her Salary			
Public Aid/Food Stamps			
Social security/ SSI			
Rental Income			
Other Income (Specify)			

Monthly Expenses	Amount
Rent	\$
Electricity	\$
Water & Sewer	\$
Natural Gas	\$
Cellular Phone	\$
Telephone	\$
Food	\$
Auto Loan Payments	\$
Transportation / Gasoline	\$
Auto Insurance	\$
Life / Medical Insurance	\$
Education / Tuition / Books	\$
Alimony / Child Support	\$
Clothing	\$
Cable	\$
Internet	\$
Miscellaneous Expenses (toiletries, pets etc.)	\$
Other (specify)	\$
Other (specify)	\$
Other (specify)	\$

Credit Accounts

Act #	Open/ Close	Balance	Mo. Payment	In Collection
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Total Income Available \$ _____

Total Expenses \$ _____

Income after Expenses \$ _____