

# Metro Interfaith Housing Counseling

21 New St, Binghamton, NY 13903

Phone: 607.723.0582

Fax: 607.722.8912

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## Tell Us About Yourself

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Print clearly. Use additional sheets if necessary.

*Information provided will not be shared with third party (e.g. credit agency or lender) without your explicit signed authorization.*

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## General Information Primary

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Suffix (Sr., Jr., etc) \_\_\_\_\_

DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Contact Number: Home  Work  Cell

Email Address: \_\_\_\_\_

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## Current Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Length of Occupancy in Current Housing: Years \_\_\_\_\_ Months \_\_\_\_\_

**\*\*Is this address within the City of Binghamton? Yes  No**

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## Background Information

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**Gender:** Female

**Disabled:** Yes

Male

No

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**Marital Status:** Married  Separated  Unmarried

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Check all that apply

**Demographics:** Head of Household  First Time Home Buyer

US Veteran  Owned Home in Last 3 Years

**Race:** American Indian/Alaskan Native  Asian Pacific Islander

Black or African American  Native Hawaiian or Other Pacific Islander

White  Other

**Number of Dependents:** \_\_\_\_\_ **Household Size:** \_\_\_\_\_

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**Ethnicity:** Not Hispanic or Latino  Hispanic or Latino

**Highest Level of Education:** \_\_\_\_\_

I DO NOT WISH TO PROVIDE THIS INFORMATION

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**Citizenship:** US Citizen  Permanent Resident  Non-Resident  Check if Foreign Born

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## Income

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Annual **Gross** Income: \$ \_\_\_\_\_ Annual **Net** Income: \$ \_\_\_\_\_

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## Counseling I Wish to Receive

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Pre-Purchase  Budget/Finance Management  Mortgage Default  Rental Housing

Homebuyer Education  HECM/Reverse Mortgage

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## Referral Source

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Agency  Lender  Mailer  Realtor  Walk-In  Word of Mouth

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## General Information Secondary

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Suffix (Sr., Jr., etc) \_\_\_\_\_

DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Contact Number: Home  Work  Cell

Email Address: \_\_\_\_\_

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### Current Address

---

Check if same as Primary

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Length of Occupancy in Current Housing: Years \_\_\_\_\_ Months \_\_\_\_\_

**\*\*Is this address within the City of Binghamton? Yes  No**

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## Referral Source

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I (we) certify that all of the above information is accurate and true to the best of my (our) knowledge. I (we) understand that false or misleading information may be detrimental to the counseling I (we) receive, may negatively affect the overall outcome or result of the counseling provided by Metro Interfaith Services Housing Counseling and may result in the closing of my (our) file.

I (we) will provide all requested documentation (within reason) to assist the Housing Counselor in providing the most comprehensive and thorough counseling possible. I (we) understand that with my (our) willing participation there are no guarantees either written or implied, that I (we) will be approved for housing/ housing assistance by individuals, companies or agencies or a mortgage(s) by any lender; private, state or federal.

I (we) understand that the purpose of housing counseling is to provide one-on-one counseling to help those clients fix those problems that prevent affordable homeownership and/or rental housing. The counselor will analyze my (our) financial and credit situation, identify those barriers preventing me (us) from obtaining affordable housing and develop a plan to remove those barriers. I (we) understand that the counseling provided by Metro Interfaith Services is comprehensive but may not address or foresee all issues that may present themselves during or after counseling; Metro Interfaith Services Housing Counseling will not provide or give any legal advice. I (we) will provide additional accurate information as my (our) case evolves and is necessary to bring my (our) case to closure.

I (we) understand that depending upon the type of counseling I (we) am requesting, Metro Interfaith Services Housing Counseling may request a tri-merged credit report from the three major credit reporting agencies in an effort to accurately determine my (our) credit history. This report will not be requested without my (our) prior written authorization. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I understand that it will not be the responsibility of the counselor to fix the problem for me (us), but rather to provide guidance and education to empower me (us) in fixing those issues that prevent affordable homeownership and/or rental housing. I (we) understand that I (we) have the right and freedom to choose any loan product or to purchase or rent any property regardless of the information that is provided to me (us) by this agency and that there is no obligation to receive any services other than those discussed today.

I (we) understand that Metro Interfaith Housing Services Housing Counseling agency is not a funding source or financial institution that provides any emergency housing or cash assistance. I (we) understand that the counselor will provide me (us) with any necessary community referrals or resources that are available.

I (we) have read, and have received a copy of this housing counseling disclosure.

\_\_\_\_\_  
Primary Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Counselor

\_\_\_\_\_  
Date

***METRO INTERFAITH SERVICES HOUSING COUNSELING***

21 New Street, Binghamton, NY 13903

Phone: 607.723.0723

Fax: 607.722.8912

**ANTI-STEERING POLICY / CLIENT NOTICE**

Metro Interfaith Services provides housing counseling services to prospective clients which are designed to serve the client's best interest. Metro Interfaith Services discloses to clients all contributions made by mortgage lenders, real estate companies, law firms, home inspection companies, and all other related entities in support of the agency's housing counseling activities. This disclosure aims to avoid conflicts of interest in the delivery of housing counseling services.

Clients are encouraged to thoroughly evaluate all available services and products and are encouraged to choose the lender, loan, realtor, home inspector, landlord, and attorney for their needs regardless of any recommendations made by Metro Interfaith Services counseling staff.

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Client(s) Signature (Primary)

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Client(s) Signature (Secondary)

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Date

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Metro Interfaith HUD Approved Counselor

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Date

***METRO INTERFAITH SERVICES HOUSING COUNSELING***

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**Confidentiality & CARS Disclosure Statement**

HUD (Housing and Urban Development) will follow strict rules to protect your confidentiality. The personal data collected, such as name and address, are protected by the Privacy Act.

You will never be named in any reports. Although your responses may be looked at individually by HUD, or contractors hired by HUD to collect and analyze the data, your name will not be reported.

Contractors to HUD are covered by the same requirements to protect privacy as HUD staff and must demonstrate that they have systems in place to protect against data disclosure.

I (we) certify that all the information provide on my Intake Form (Tell us about yourself) is correct, accurate and true to the best of my (our) knowledge. I (we) understand that false or misleading information may be grounds for termination of assistance. Furthermore, I (we) understand that the completion of the Intake Form in no way guarantees me (us) that Metro Interfaith Services Housing Counseling will be able to assist or bring to a successful conclusion our housing issue.

\_\_\_\_\_  
Client(s) Signature (Primary)

\_\_\_\_\_  
Client(s) Signature (Secondary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Metro Interfaith HUD Approved Counselor

\_\_\_\_\_  
Date

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### **DISCLOSURE STATEMENT**

Metro Interfaith Services Inc. is a private, ecumenical, not-for-profit organization that has been assisting residents with their housing needs since 1968. The agency offers a variety of housing related services including home ownership assistance, affordable apartment rentals and a home improvement grant. We are also a New York State licensed Enriched Housing and Home Care program provider. The Agency also provides assistance to local governments for community planning efforts and community facility projects. Metro Interfaith is a New York State Neighborhood Preservation Company.

**Metro Interfaith provides services to Broome and surrounding Counties residents to assist in such areas as:**

- First Time Home Buyer Education workshops
- Assisting clients in becoming first time home buyers
- Home Improvement Programs to assist existing homeowners in Binghamton in maintaining their homes
- Sustaining and revitalizing neighborhoods
- Providing support and non-profit partner referrals for Broome County households to access additional support services to enhance the quality of their lives
- Providing affordable rental units throughout Broome County to Seniors, the Disable and Families

**Our Mission Statement: The purpose of our corporation is to provide housing and supportive services (within our means), to persons of low to moderate income and to the disabled; and to provide aid, advise, and financial guidance to persons requiring assistance in finding or maintaining housing. In support of this mission we provide:**

- Housing Counseling both pre-purchase and post-purchase
- Foreclosure Prevention Counseling
- Fair Housing Counseling and Assistance
- Locating, Securing, or Maintaining Residence in Rental Housing
- Administration of Home Improvement Program to assist income eligible existing home owners with health and safety issues (City of Binghamton Only)
- Development of Senior and Family rental housing units periodically throughout the county

**Metro Interfaith clients are not required to utilize any other programs provided to receive counseling of any type. Counseling services are free of charge and there are no income restrictions for housing and foreclosure prevention counseling. A credit report fee may be assessed.**

**By signing this disclosure I understand that I am not under any obligation to utilize any of Metro Interfaith services or programs or to purchase or rent property owned by Metro Interfaith in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by Metro Interfaith partners as well.**

X \_\_\_\_\_

Client Signature (Primary)

X \_\_\_\_\_

Client Signature (Secondary)

\_\_\_\_\_

Date