



**NewVue**  
c o m m u n i t i e s <sup>SM</sup>

Creating Communities Where We Choose to Live, Work & Invest

## **Eviction Prevention Program**

Documents that are needed prior to your scheduled appointment:

- **Verification of All Sources of Income** for owner, co-owner and anyone contributing towards the Mortgage
  - 1 month of paystubs for all household members contributing towards the Mortgage
  - Any additional source of income (including but not limited to):
    - SSI, SSDI, Welfare
    - Child Support
    - Food Stamps
    - Rental agreement (applies to homeowners that have rental units)
  - If self-employed (3 months' profit & loss statement)
  
- **Monthly Bills** (must be dated within the last 30 days and must show name and address)
  - Electric Bill
  - Heating: Gas or Oil
  - Water/Sewer/Garbage (if applicable)
  
- **Lease Agreement**
  
- **Notice to Quit/Delinquency Notice**
  
- **Landlord Contact Information (Name, Address, Email and Contact Number)**



470 Main Street, Fitchburg, MA 01420  
 Phone: 978-288-0210 Fax: 978-345-7905  
 Email: [relief@nvcomm.org](mailto:relief@nvcomm.org) [www.newvuecommunities.org](http://www.newvuecommunities.org)

<b>FOR OFFICE USE ONLY</b>	
Staff initials: _____	Date received: _____
CMAX ID: _____	Salesforce: _____

## Housing Services Intake Form (Service: \_\_\_\_\_)

### INDIVIDUAL INFORMATION

<b>Name:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Phone (daytime):</b>	*Authorize text messaging <input type="checkbox"/>
<b>Phone (evening):</b>	*Authorize text messaging <input type="checkbox"/>
<b>Email:</b>	
<b>Date of Birth:</b>	<b>Age:</b>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Non-Conforming <b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi Racial	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Foreign Born?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education:</b> <input type="checkbox"/> Never attended <input type="checkbox"/> Grades K-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> College 1-3 yrs <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Doctorate/Masters/Professional degree	<b>Employment:</b> <input type="checkbox"/> Unemployed & looking <input type="checkbox"/> Full time <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Part time <input type="checkbox"/> Stay-at-home caregiver or parent <input type="checkbox"/> Student <input type="checkbox"/> Employed full time and student <input type="checkbox"/> Retired <input type="checkbox"/> Employed part time and student <input type="checkbox"/> Other

### Household Information

<b>Household Size:</b>			
Number of adults: _____	(Ages & Sex)	Age: _____ <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____ <input type="checkbox"/> M <input type="checkbox"/> F
Number of children: _____		Age: _____ <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____ <input type="checkbox"/> M <input type="checkbox"/> F

**Household Type:**

- Single Adult                       Married without children                       Married with children  
 Female-Headed Single Parent                       Male-Headed Single Parent                       Two or more unrelated adults

**Residence Type:**

What type of residence do you **currently** live in?    Single Family                       Two Family Unit                       Three Family Unit  
 Condo/Townhouse                       Mobile Home                       Four or more Family Unit

**Annual household Income:**

Please list below all monthly income received (Include income for all persons living in the house)

Type of Income	Gross Income	WK	MO	YR	Source of Income
Salary	\$				<b>Employer:</b> _____ <b>Type of Business:</b> _____ <b>Start Date:</b> _____ <b>Position:</b> _____ <b>Year in Profession:</b> _____
Other Income	\$				Source: _____
Other Income	\$				Source: _____
Other Income	\$				Source: _____

**Savings / Investments:**

Type of Account	Name of Bank	Approximate Balance
Checking		
Savings		

**Referral Source:** \_\_\_\_\_

**Financial Hardship:**

**Hardship Start Date:** \_\_\_\_\_ **Amount Owed:** \$ \_\_\_\_\_

**Reason for Hardship:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM**

I understand that:

- NewVue Communities on behalf of the North Central Massachusetts NeighborWorks HomeOwnership Center provides Financial Capability counseling after which I/we will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.
- I/We understand that NewVue Communities receives funds through the Housing Urban Development (HUD), NeighborWorks America and Division of Banks (DOB) and as such, is required to share some of my/our personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I/We give permission for HUD, NeighborWorks America and DOB program administrators and/or their agents to follow-up with me/us within the next three years for the purpose of program evaluation. This may include, but not limited to retrieving and reviewing client credit information and records, including credit reports, and to conduct follow-up interviews/communications with clients for program evaluation purposes.
- A photocopy of this authorization is as valid as the original.
- Text messaging will primarily be used for class participation confirmation and appointment reminders.
- NewVue Communities provides pre-purchase group and individual education for potential buyers looking to buy their first home. These services consist of a financial analysis, review of credit worthiness, budget consultation, mortgage readiness assessment, resources on financial mortgage loan products and referrals. NewVue Communities also provides mortgage default services, housing development services, small business services, community development services and asset management services. For a detailed list of the services please visit our website at [www.newvuecommunities.org](http://www.newvuecommunities.org).

Conflict of Interest / Disclosure

- NewVue Communities does not receive any fee for service from any financial institutions to which we may refer you. NewVue Communities does receive charitable contributions from some financial institutions. For a complete list of donors please visit our website at [www.newvuecommunities.org](http://www.newvuecommunities.org).
- You are in no way obligated to receive any services offered by NewVue Communities or any of our partners. The staff and board of NewVue Communities does not have any personal stake, financial or otherwise, in referring clients to any particular product or service.

Acknowledgement (only for pre-purchase coaching/counseling/education)

- I have received the HUD FHA Get a Home Inspection for Your Protection handout and 10 important questions to ask the home inspector
- I/We also certify that I/we have received a copy of the Privacy Policy and Practices of NewVue Communities.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

## Credit Report Authorization and Release

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, the above mentioned participant, authorize NewVue Communities to request up to three counseling credit reports.

My signature above authorizes the credit reporting agencies to obtain information regarding my outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agencies to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above mentioned.

I understand that this credit report will be made available to me, to be used for counseling purposes to assist and aid in my financial well being. Additionally, I release my credit score to NewVue Communities for data collection and evaluative purposes and I understand that it will be used only in the aggregate without personal identifiers and will never be released to a third party without my consent.

Any reproduction of this credit report authorization and release made by reasonable means (e.g. photocopy or facsimile) is considered an original.

# Monthly Budget Worksheet

Client Name:	
DATE	

- Tier 1A                       Reflects Participants Only  
 Tier 1B                       Reflects Whole Household

		Monthly	Notes
<b>Monthly Income</b>	Wages (after tax)		
	Self-employment	\$	
	SSI/SSDI	\$	
	Food Stamps/WIC	\$	
	Other Public Benefits	\$	
	Alimony/Child Support	\$	
	Unemployment		
	Worker's Comp	\$	
	Veteran's Comp	\$	
	Rental Income	\$	
	Other Household Members	\$	
	Interest/Investment	\$	
	Other	\$	

		Monthly Expense	Balance Owed
<b>Auto Expense</b>	Vehicle #1 Payment	\$	\$
	Vehicle #2 Payment	\$	\$
	Vehicle #3 Payment	\$	\$
	Gas	\$	\$
	Car Maintenance	\$	\$
	Other	\$	\$
<b>Child Support &amp; Alimony</b>	Paid Out Only	\$	\$
	Childcare/Daycare	\$	\$
<b>Credit Cards / Min Payment</b>	Credit Card #1	\$	\$
	Credit Card #2	\$	\$
	Credit Card #3	\$	\$
	Credit Card #4	\$	\$
<b>Education</b>	Book Fees & Supplies, Etc.	\$	\$
<b>Housing Payment</b>	Rent/Mortgage	\$	\$
	Renter's Insurance	\$	\$
	Mortgage 2, 3, etc. - Primary Residence	\$	\$
	HELOC(s) - Primary Residence	\$	\$
	Real Estate - NOT primary residence	\$	\$
	Property Tax & Homeowner's Ins.	\$	\$
	Home Maintenance	\$	\$
	Other	\$	\$
<b>Installment Loans</b>	Consumer Loans - active	\$	\$
	Informal Loans (family, friends, etc.)	\$	\$

	Business Loans	\$	\$
<b>Insurance</b>	Health Insurance (if not deducted)	\$	\$
	Dental Insurance (if not deducted)	\$	\$
	Life Insurance	\$	\$
	Car Insurance	\$	\$
<b>Medical</b>	Copays /Medication	\$	\$
<b>Savings</b>	Pay yourself First	\$	\$
<b>Tax</b>	IRS (Back owed taxes)	\$	\$
<b>Utilities</b>	Gas/Heating	\$	\$
	Electric	\$	\$
	Water/Sewer	\$	\$
	Trash	\$	\$
	Cell phone	\$	\$
	Cable/Internet	\$	\$
	Other	\$	\$
<b>Charity</b>	Church Donations, Etc.	\$	\$
<b>Dining Out</b>	Eating Out	\$	\$
<b>Entertainment</b>	Recreation	\$	\$
	Membership Dues	\$	\$
	Newspapers Magazines	\$	\$
<b>Food and Groceries</b>	Groceries	\$	\$
	School Lunches	\$	\$
<b>Gifts</b>	Birthdays, Holidays, Etc.	\$	\$
<b>Household</b>	Hair Products/Toiletries	\$	\$
<b>Miscellaneous</b>	Laundry/Dry Cleaning	\$	\$
	Tobacco & Alcohol	\$	\$
	Clothing & Accessories	\$	\$
	Beauty Salon/Barber Shop	\$	\$
	Financial Fees	\$	\$
	Other	\$	\$
<b>Pet Expense</b>	Food, Vet, Etc.	\$	\$
<b>Child Support/Alimony</b>		\$	\$
<b>Rental Property (if applicable)</b>		\$	\$

## **PRIVACY POLICY AND PRACTICES OF**

NewVue Communities – Branch: HomeOwnership Center of North Central Massachusetts  
470 Main Street, Fitchburg MA 01420

### **NewVue Communities — Branch: North Central Massachusetts NeighborWorks®**

We at NewVue Communities - Branch: North Central Massachusetts NeighborWorks® HomeOwnership Center 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 fitness 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;
- 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 your credit bureau reports, your credit history and your creditworthiness.

### **To Whom Do 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 an opportunity to direct that such information not be disclosed.*

### **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, 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.

**PRIVACY POLICY AND PRACTICES OF**

NewVue Communities – Branch: HomeOwnership Center of North Central Massachusetts  
470 Main Street, Fitchburg MA 01420

**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).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

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**PRIVACY CHOICES FORM**

**If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.**

**Box 1** - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

**Box 2** - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

If you have checked any of the boxes above, please mail this form in a stamped envelope to:

NewVue Communities  
Branch: HomeOwnership Center of North Central Massachusetts  
470 Main Street, Fitchburg MA 01420

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.