



Name: \_\_\_\_\_

(Name as it appears on your ID)

Community Services of Nevada (CSNV) promotes strong neighborhoods and healthy families through neighborhood revitalization and economic development projects. Our motto is "Changing Lives for the better tone household at a time."

# Homeowner Intake-Application

Office-Code: FC/ FIN/ HS

**CLIENT NON-COMMITMENT FORM:** YOU DO NOT HAVE TO USE OTHER SERVICES PROVIDED BY COMMUNITY SERVICES OF NEVADA (CSNV) OR ITS PARTNERS OR BUSINESSES ASSOCIATED IN ORDER TO RECEIVE HOUSING COUNSELING SERVICES OR HOME EDUCATION.

For complete list of parters please visit our website at www.csnv.org or ask for a copy.

## Non-Profit Form

If you have been working with any of the Non-Profit agencies listed below for the past 12 months for the same type of assistance, you must **STOP NOW** and continue counseling services with your current Housing Counseling Agency. If you **HAVE NOT** been with any of the non-profit agencies listed, check the following box and proceed to fill out application: If you have legal Representation please provide authorization on letter head from attorney to also work.

I **HAVE NOT** been working with any of the non-profit agencies listed below during the last 12 months.

- |  |  |
|--|--|
| <input type="checkbox"/> Legal Representation (Attorney)               | <input type="checkbox"/> Nevada Partners                       |
| <input type="checkbox"/> MMI – Money Management International          | <input type="checkbox"/> Neighborhood Housing Services (NHSSN) |
| <input type="checkbox"/> Home Ownership Preservation Foundation (HOPE) | <input type="checkbox"/> Navicore Solutions                    |
| <input type="checkbox"/> Home Today                                    | <input type="checkbox"/> Springboard                           |
| <input type="checkbox"/> Nevada Legal Aid Center                       | <input type="checkbox"/> CPLC – Chicanos Por la Causa          |
| <input type="checkbox"/> Housing Authority                             | <input type="checkbox"/> Women’s Development Center (WDC)      |
| <input type="checkbox"/> Neighborhood Assistance Corp. (NACA)          | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Nevada Legal Services (NLS)                   |  |

### Statement of Counseling Services:

\*\*\*\*Please read and Initial\*\*\*\* the following statement carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

\_\_\_\_\_ I/We understand the agency will provide a confidential comprehensive personal housing counseling or foreclosure prevention interview conducted by a Certified Housing Counselor or qualified professional counselor.

Community Services of Nevada provides services to residents of Nevada.

\_\_\_\_\_ I/We understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.

\_\_\_\_\_ I/We will be will be given a written assessment outlining a suggested client action plan which may be based on the following Co-app options:

- a) I/We will handle my financial concerns on my own. (Including but not limited to those seeking mortgage counseling and/or budget counseling).
- b) Counselors cannot provide legal advice. If it is determined I may benefit from legal advice, I may be referred to a no n-profit legal service provider for appropriate assistance.
- c) I/We will be referred to the other services of the organization or another agency or agencies, as appropriate, that may be able to assist with particular problems that have been identified and I understand I may use or reject these referrals.

\_\_\_\_\_ NOTE: If at any time the client becomes disrespectful, counseling will be terminated.

\_\_\_\_\_ At some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency’s services

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION** Whereas, the client(s) recognizes that in order for Community Services of Nevada (herein after known as “Agency”) to provide its services as part of the Nevada Attorney General’s Home Again: Nevada Homeowner Relief Program, program monitors or agents will request Agency to furnish certain information concerning the client’s financial condition.

In consideration of, and in furtherance of the services to be provided by Agency, the client(s) hereby expressly authorizes Agency to: disclose and/or obtain any information concerning the financial condition and the status of the client(s), including, but not limited, to his/her income, monthly expenses, debts, credit, earnings and/or location information from or to any creditor of the client(s) or any credit reporting agency, as Agency deems necessary.

The client(s) hereby agrees to hold Agency, its employees, officers, directors and agents harmless from any claim, suit, action or demand made by any creditors of the client(s) in connection with any services rendered by Agency to the client(s).

The client(s) recognizes that Agency has no responsibility or obligation for any past, present or future credit rating assigned to the client(s) by any of his/her creditors.

Agency agrees that all information in the client(s) file will be otherwise kept confidential and used only for legitimate business purposes under the Fair Credit Reporting Act.



\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\* The Counselor will explain this section if requested by the homeowner \*

Counselor Initials \_\_\_\_\_

**Client information:**

(Name as it appears on your ID)



Borrower: \_\_\_\_\_  
First MI Last

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co - Borrower: \_\_\_\_\_  
First MI Last

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

**AUTHORIZATION**

I authorize Community Services of Nevada (CSNV) Home Ownership Center to:

- a. Review my loan information and credit for mortgage assistance
- b. Contact my Servicer/Lender for possible workout solutions pertaining to the property listed above.
- c. I/we further authorize you Servicer/Lender to release and discuss my/our case with CSNV and provide them with any and all documentation needed to proceed with my/our counseling work out solutions.
- d. I/we further authorize you Servicer/Lender to discuss our case with the counselors at CSNV and obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s). They are working to help me/us address my/our financial problems and to propose a loss mitigation plan which is within your guidelines.
- e. **Lender(s)/ Servicer(s):** \_\_\_\_\_ who service(s) my/our loan.
- f. **Loan number:** \_\_\_\_\_

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

**NOTE FOR CREDIT REPORT**

This disclosure packet is the property of Community Services of Nevada and under no circumstances may be reproduced or published by the recipient or any other third party for any reason including but not limited to cash transaction for any services rendered or any other purpose. In addition, Community Services of Nevada and its board of directors will be held harmless from any and all claims, actions, damages, liabilities, losses and expenses, including but not limited to reasonable attorney’s fees, resulting from third party’s violation of this disclaimer.

- 1. I/We understand that CSNV provides financial capability counseling/coaching after which I/We will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
- 2. I understand that CSNV submits client-level information relating to the Project Reinvest Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed fro program monitoring.
- 3. and compliance purposes, and follow-up with clients related to program evaluations.
- 4. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
- 5. I give permission for Project Reinvest: Financial capabilities program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
- 6. I acknowledge that I have received a copy of CSNV's Privacy Policy.
- 7. I may be referred to other services of the organization, another agency or 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.
- 8. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, you will be referred out for appropriate assistance.

**\* The Counselor will explain this section if requested by the homeowner \*** **Counselor Initials** \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referral Source:** (please circle one)

- Events
  - Media (TV, Radio, etc.)
  - Nevada Hardest Hit Program
  - Social media
  - CSNV Board Member
  - Home Again Program
  - CSNV Website
  - Friend
  - Bank/Servicer
  - Elected Official
  - Nevada Attorney General
  - HUD
- Non Profit Agency: \_\_\_\_\_ -Other: \_\_\_\_\_

Any Borrower Disable: Yes No    Need Assistance: Yes No

**Total number of Borrowers:** \_\_\_\_\_

**Section: A. Borrower (1) please complete**

**Demographics:** (please circle one)

**Gender:** -Male    -Female    -Other \_\_\_\_\_

**Race:**            White            - Afro-American    -Native American/ Native Alaskan    -Asian/Pacific Islanders    -Other \_\_\_\_\_

**Ethnicity:**            -Hispanic/Latino    Other \_\_\_\_\_

**Primary Language:** -English    -Spanish    Other \_\_\_\_\_

**Education:** -Below High School Diploma            -High School Diploma/ GED            -Two Year College            - Out of US

                                 -Bachelor                            -Masters                            -Above Masters                            -Other: \_\_\_\_\_

**Military Service:** -Veteran    -Active Military    -N/A

**Family Background** (please circle one)

**Marital Status:** -Single    -Married    -Common Law    -Legally Separated    -Divorced    -Widowed

**House Hold Type:**            Single                            -Female head of household                            -Male head of household

   -Married with no children                            -Married with children                            -2+adults                            -Other

**Family/ Household Size:** \_\_\_\_\_

**Please provide a list of additional Household members:**

Age	Relationship	Dependents on Taxes	Yes	No

**Continued for Applicant:**

**Employment** Please print clearly.

Are you currently employed? NO / YES Are you paid as: w2 or 1099

**Primary Employer Name :** \_\_\_\_\_

Date Started: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ (please circle one) - Full Time - Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid: (please circle one) -Weekly -Bi-weekly -Twice a month - Monthly

**Second Employer Name** \_\_\_\_\_ Are you paid as: w2 or 1099

Date started: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ (please circle one) -Full Time - Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid? : (please circle one) -Weekly -Bi-weekly -Twice a month -Monthly

**Section B. Co-Borrrower (2)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Name MI Last  
Street City State Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Demographics** (please circle one)

**Gender:** -Male -Female -Other \_\_\_\_\_

**Race:** -White -Afro-American Native American/ Native -Alaskan Asian/Pacific Islanders -Other \_\_\_\_\_

**Ethnicity:** -Hispanic/Latino -Other \_\_\_\_\_

**Education:** -Below High School Diploma -High School Diploma/ GED -Two Year College  
-Bachelor -Masters -Above Masters -Out of US

**Military Service:** -Veteran -Active Military -N/A

**Relationship to Applicant:** -Spouse -Daughter -Son -Sister -Brother  
-Girlfriend -Boyfriend -Mother -Father -Other: \_\_\_\_\_

**Family Background** (please circle one)

**Marital Status:** -Single -Married -Common Law -Legally Separated -Divorced -Widowed

**House Hold Type:** -Single -Female head of household -Male head of household  
-Married with no children -Married with children -2+adults -Other

**Continued for Co-Applicant (2)**

**Employment** Please print clearly. Are you currently employed? NO / YES Are you paid as: w2 or 1099

**Primary Employer:** \_\_\_\_\_

Date started: \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ *(please circle one)* -Full Time -Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid? : -Weekly -Bi-weekly -Twice a month -Monthly

**Second Employer/Part Time:** \_\_\_\_\_

Date Started \_\_\_\_\_ Title: \_\_\_\_\_

Gross Monthly Income (before taxes): \$ \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_ *(please circle one)* -Full Time -Part Time  
Average hours worked during payroll \_\_\_\_\_

How are you paid? : -Weekly -Bi-weekly -Twice a month -Monthly

**Section C: Additional Monthly Income for all applicants**

	Applicant	Co-Applicant
Alimony/Child Support		
Rental Income		
Social Security / Dependent SSI Income		
Pension Income		
Disability Income		
Public Assistance		
Unemployment		
Other		
Other Household income ( You must list all )		

**Instructions:** Please list any debts you have, including credit cards, auto loans, and child support. Do NOT include rent or utilities.

Liabilities/Debts				
Who's Debt? (Circle one )	Paid to:	Monthly Minimum Payment	Current Balance	Credit Limit
Applicant Co Applicant Both				
Applicant Co Applicant Both				
Applicant Co Applicant Both				
Applicant Co Applicant Both				
Applicant Co Applicant Both				

**Section D: This section is for Homeowner requesting Mortgage Assistance:** *(please circle one)*

1. Is this your primary residence? ..... Yes or No
2. How many mortgages are on this property? \_\_\_\_\_
3. Are you currently behind with your mortgage payments? ..... Yes or No
4. What is the reason you are not able to make your monthly mortgage payments? *(please circle one)*  
 -Reduce Income      -Poor Budget      -Loss of Income      -Medical Issues      -Increase Expenses  
 -Divorce /Sep      -Death in Family      -Business failed      -Incr Loan Pay      -Other: \_\_\_\_\_
5. Current Mortgage Servicer: \_\_\_\_\_
6. Loan number: \_\_\_\_\_
7. Current principal balance: \$ \_\_\_\_\_
8. Type of loan:      -FHA      -VA      -CONV      -Interest only loan      -Do not know
9. Interest Rate:      -Fixed Rate      -Adjusted Rate
10. Monthly Interest Rate: \_\_\_\_\_
11. Monthly Mortgage Payment: \$ \_\_\_\_\_
12. Number of payments behind: \_\_\_\_\_
13. Total amount behind: \$ \_\_\_\_\_
14. Date of last payment sent and accepted: \_\_\_\_\_
15. Have you received a modification? \_\_\_\_\_
16. What date was property purchase? \_\_\_\_\_
17. Have you refinanced your mortgage loan? \_\_\_\_\_
18. Are Real Estate taxes and Homeowners insurance included in your monthly payment? ..... Yes or No  
 If not, are the Real Estate taxes current? ..... Yes or No  
 Is Homeowners insurance current? ..... Yes or No

Second Mortgage Servicer: _____	Loan #: _____
Monthly Payment Amount: \$ _____	Number of Payments behind: _____ Monthly Interest rate: _____
Current Principal Balance: \$ _____ Date last payment was sent and accepted: _____	

<b>Foreclosure Notice:</b> YES NO	<b>Mediation Notice:</b> YES NO	<b>Foreclosure Sale Date:</b> YES NO	<b>Bankruptcy in the last 7 years:</b> YES NO
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Homeowner Association Name: _____	Account #: _____
Monthly Payment amount \$ _____	Number of Payments behind: _____
Address: _____	

Please write a description of your hardship or any additional information that may help understand situation better.

# Privacy Policy and Security Statement & Consent to Release Information

Community Services of Nevada 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. With regard to your "nonpublic personal information", such as your total debt information, income, living expense 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. Your information is considered highly confidential and will be used appropriately and in accordance with our guidelines for privacy and security. 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, which are documented on intake and pre-counseling forms, such as your name, age, race, ethnicity, address, social security number, assets and income.
- Information about your transactions with creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage, mortgage information; 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 for your nonpublic personal information to third parties (such as creditors), that is, direct us not to make those disclosures.
- 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 702-307-1710 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 your information that we will collect as described above, maybe disclosed to your creditors or third parties if it is necessary and if determined that it be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former costumers to anyone as permitted by law, (e.g., if we are compelled by the legal process).
- Within our agency, we restrict access to nonpublic personal information about you to only those employees who must know the information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

**PLEASE BE ADVISED WE ARE THE MEDIATOR BETWEEN YOU AND YOUR MORTGAGE COMPANY. THE FINAL DECISION FOR ANY TYPE OF MODIFICATION, WORKOUT PLAN, ETC... WILL BE UP TO THE INVESTOR.**

By signing this privacy policy and security statement, you acknowledge that the doctrine of informed consent has been explained to you, and understand the contents to be release/exchange, the need for the information, and that there are statues and regulations protecting the confidentiality of authorized information.

## CONSENT TO RELEASE INFORMATION

Do hereby request that all information regarding my loan be shared with: Community Services of Nevada

570 W. Cheyenne Ave Suite 200  
North Las Vegas, NV 89030  
UnidosUS

I acknowledge that the information obtained will be used solely by Community Services of Nevada Lenders for the purpose of assisting in the creation of a housing counseling plan.

I understand that this Release of Information is subject to revocation at any time, or one year of the date signing, except to the extent that action has been taken in reliance thereon.

I hereby release the party from whom information is requested from any and all liability which might accrue as a result of the disclosure of such information to Community Services of Nevada. I hereby certify that I have read the foregoing "Release" or it has been read to me and I fully understand its contents and meaning.

## Foreclosure Mitigation Counseling Agreement

1. I understand that Community Services of Nevada provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Community Services of Nevada may receive Congressional/Government funds for Loss Mitigation Counseling and other programs such, is required to share some of my personal information with programs administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for programs administrators and/or their agents to pull my credit report up to two additional times between now and the end of workout request and give authorization for programs administrators and/or their agents to followup with me within the next three years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Community Services of Nevada's Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or 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.
6. 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.
7. I understand that Community Services of Nevada provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Community Services of Nevada in no way obligates me to choose any of these particular loan products or housing programs

**\* The Counselor will explain this section if requested by the homeowner \***

**Counselor Initials** \_\_\_\_\_

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date



**Community Services of Nevada** (“the Agency”) is an IRC 501(c) (3) agency. In order to provide you with housing assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation, and this information may be shared with a non- affiliated party.

The Agency 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 the legal and ethical considerations and in accordance with the policies described herein. If you have any questions about these policies, or our privacy practices, please contact us at **570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030.**

**TYPES OF INFORMATION WE GATHER ABOUT YOU.**

We may collect the following types of nonpublic personal information from you (herein after referred to as “Personal Information”): • Information that we receive from you orally or in writing, or 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 balances, payment history, parties to transactions and credit usage;
- Account information, including account balances, payment history, and account usage;
- Information that we obtain from non-affiliated third parties about your transactions with them; and
- Information we receive from a credit-reporting agency, such as your credit history.

**CATEGORIES OF PERSONAL INFORMATION THAT WE MAY DISCLOSE AND THE CATEGORIES OF NON-AFFILIATED THIRD PARTIES WITH WHOM WE MAY SHARE THE INFORMATION**

- We will disclose some or all of the Personal Information to program monitors or agents. These disclosures are a requirement of our participation in the Home Again Program which makes our services possible.
- We may disclose some or all of the Personal Information to your creditors or other non-affiliated third parties, such as financial service providers or creditors, where we have determined (i) that it would be helpful to you, (ii) that it would aid us in providing our counseling services to you, (iii) in order to fulfill a service requested by you. All non-affiliated companies that act on our behalf and receive Personal Information from us are contractually obligated to keep the information we provide to them confidential, and to use the Personal Information we share only to provide the services we ask them to perform.
- In order to provide our services to you, we also may share any of the categories of Personal Information within our organization, to subsidiaries, affiliates or other related entities.
- We may also disclose any Personal Information about you to anyone as permitted by law (e.g., if we are compelled by legal process) or in the good faith belief that such action is necessary in order to conform to the requirements of law or comply with legal process served on us, protect and defend our rights or property, including the rights and property of the Agency or act in urgent circumstances to protect the personal safety of consumers who use our services. In addition, the Agency reserves the right to disclose certain Personal Information that it does not currently disclose to the non-affiliated parties referenced above. From time to time, we may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. This data is not personally identifiable.
- **RIGHT TO OPT-OUT OF CERTAIN DISCLOSURES.** You have the right to opt-out or prevent us from making disclosures of your Personal Information to non-affiliated third parties such as your creditors or other parties we feel would be helpful to you or that would aid us in counseling you. If you choose to opt-out, we will not be able to answer questions from your creditors. To opt-out, please contact us at 570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030.
- You have the right to opt-out or prevent us from making disclosures of your Personal Information to the program monitors or agents; however opting-out will terminate the counseling services provided to you because the Agency cannot provide these services to you without disclosing your Personal Information. To opt-out, contact us at 570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030. If at any time, you wish to change your decision with regard to your opt-out, you may contact us at Community Services of Nevada-570 W. Cheyenne Ave. Suite 200 North Las Vegas, NV 89030.
- **THE CONFIDENTIALITY AND SECURITY OF YOUR INFORMATION.**
- Within the Agency, we restrict access to 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.
- **INFORMATION FOR RESIDENTS OF NEVADA.**
- Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number- 702.486.3132; e-mail: BCPINFO@ag.state.nv.us

**Privacy Agreement**



**Community Services of Nevada** (“the Agency”) is an IRC 501(c) (3) agency. The Agency is participating in the Nevada Attorney General’s Home Again: Nevada Homeowner Relief Program. By participating in the Home Again Program, the Agency is able to provide you with assistance and counseling in dealing with your mortgage concerns. However, in order to provide you with the assistance and counseling, it is necessary to collect nonpublic personal information about you and your financial situation (“Personal Information”), and to submit that information to program monitors or agents for purposes of administering the program. Accordingly, we are required to ask your acknowledgment of, and consent to, the following:

- I/we understand that through the Home Again Program, the Agency provides mortgage and foreclosure mitigation counseling services and other housing services. As part of the counseling services, I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other entities as may be appropriate.
- As a condition of participation in the Home Again Program, I understand that the Agency is required to collect and share some or all of my Personal Information with program monitors or agents for purposes of program monitoring, compliance and evaluation of this program.
- I/we acknowledge that I have received a document entitled “Privacy Principles” which outlines the types of Personal Information that the Agency will collect and may share and with whom that information may be shared.
- As part of the Home Again Program, I authorize the Agency to collect my Personal Information, as defined in the Privacy Principles, and to disclose or share it with program monitors or agents.
- I/we understand that this consent to the disclosure or sharing of my Personal Information will remain in effect until it is revoked or modified by me, and that this revocation or modification may occur at any time by contacting the Agency at (702) 307-1710
- I/we understand that the revocation or modification of my consent will result in the termination of the counseling services provided to me because the Agency cannot provide Home Again services without disclosing my Personal Information as outlined.
- I/we understand that other services offered by the Agency may be recommended, or that I may be referred to other entities, as appropriate, 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.
- I/we understand that the Agency’s counselors may answer questions and provide information, but not give legal advice. If legal advice is required, I may be referred to a nonprofit legal services provider for appropriate assistance.

[Please note: Participation in the follow-up is strictly voluntary and is not required in order to provide you with services.]

**Community Services of Nevada is a HUD-approved housing counseling agency.**

**May the administrators of the Home Again Program contact you to follow-up for purposes of monitoring and evaluating the program?    Yes    No**

**Borrower Signature:** \_\_\_\_\_

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

**Co-Borrower Signature:** \_\_\_\_\_

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



Visit [hud.gov/fairhousing](http://hud.gov/fairhousing) or call the HUD Hotline  
**1-800-669-9777** (English/Español) **1-800-927-9275**(TTY)

**It is Unlawful to Discriminate in Housing Based on These Factors...**

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)  
 \*\*\*\*\*
- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights



570 W Cheyenne Avenue Suite 200  
 North Las Vegas, Nevada 89030  
 P. 702.393.4710 F. 702.397.1712  
 E. [geethafacts@csnv.org](mailto:geethafacts@csnv.org)  
 W. [www.csnv.org](http://www.csnv.org)



DOMESTIC VIOLENCE SHELTERS	LEGAL ASSISTANCE	ADULT SERVICES
Child Protective Services 702-399-0281	VITA 702-887-4625	Salvation Army PATH 702-649-8240
Family & Child Treatment 702-558-6885	HCLC 702-399-6089	Women's Development Center (WDC) 702-7967770
Safe House Shelter 702-451-4203	Nevada Attorney General 702-466-3112	<b>HOMEOWNERSHIP &amp; COUNSELING</b>
Safe Nest 702-877-0133	Family Law Self-Help Center 702-386-6303	Community Services of Nevada 702-307-1710
Temporary Protective Orders 702-455-5400	Foreclosure Mediation of Nevada 702-889-9380	CPLC Chicanos por la causa 702-207-1634
Victim Witness Advocate 702-229-2525	Legal Aid Services 702-386-0370	Financial Guidance Center 702-7663244
	Nevada Legal Services 702-386-6404	HOPE(Homeworkers Preservation Foundation) 888-965-6473
	Albany Referral Service 702-382-6594	Home Today 702-270-0300
<b>ADULT SERVICES</b>	<b>MENTAL/UTILITY/FOOD ASSISTANCE</b>	NACLA(Neighborhood Assistance Corporation) 702-362-1199
Division for Aging 702-486-5445	Catholic Charities 702-387-2291 702-383-0766	NHSDN (Neighborhood Housing Services) 702-649-0999
Henderson Senior Center 702-287-2966	Help of Southern Nevada 702-369-4307	Nevada HHS 702-470-5662
Clark County Senior Advocates 702-455-8860	Henderson Salvation Army 702-555-6719	Nevada Partners 702-624-1100
Project Reach 702-402-5200	HOPE Link 702-666-6376	Southern NV Regional Housing Authority 702-922-6800
AAFP-Nevada 866-389-6622	Las Vegas Salvation Army 702-470-4430	State of Nevada Housing Division 702-486-7220
Helping Hands 702-649-7853	Lutheran Social Services 702-639-1730	HUD(U.S. Department of Housing & Urban Development) 800-368-5100
<b>EMERGENCY ASSISTANCE HOMELESS SERVICES</b>	Nevada HAND 702-739-2345	HUD Fair Housing Complaints 800-921-9275 (TTY)
City Mission of Las Vegas 702-384-1930	North Las Vegas Housing Authority 702-649-2481	
Family Promise 702-638-8806	NV Energy Assistance 800-992-0900	<b>ADULT SERVICES</b>
Las Vegas Rescue Mission 702-352-1786	NV Energy Equal Payment Plan 702-402-5555	American Heart Association 702-387-1366
Salvation Army 702-649-0340	State of NV Energy Assistance Program 702-486-4404	BBB - Better Business Bureau 702-370-4500
Shake-Ide (Women only) 702-385-6072		Consumer Financial Protection Bureau 888-4111212
<b>ADULT SERVICES</b>	<b>COMMUNITY RESOURCES</b>	Clark County Recorder's Office 702-455-1336
Alcoholic Anonymous 702-598-1888	Clark County Social Services 702-455-4270	702-459-3882
Salvation Army 702-399-2789	Living Life Ministries 702-565-4984	Homeland Mission 702-598-0052
West Care Inc. 702-383-4544	Nevada's WellNet (LHNEA) 702-486-5000	Hipanic Day Parade 702-307-1710
Substance Abuse Hot Line 800-662-4387	Lutheran Social Services 702-639-1730	NV Department of Employment 702-486-0300
<b>LEGAL AID</b>	<b>YOUTH</b>	Nevada Job Connect 702-486-0100
Clark County Library 702-807-3400	Behavioral Bilingual Services 702-461-7542	Poison Control Center 702-732-4989
Las Vegas Library 702-807-2600	Clark County Family & Youth Services 702-455-8200	Suicide Prevention Hotline 800-273-8259
Centennial/HHS Library 702-807-4900	LV West Led Memorial Boys and Girls Club 702-632-1880	Urban League 702-636-7849
Midtown Library 702-474-0023	Shannon West Homeless Youth Center 702-385-5774	East Valley Family Services 702-369-9177
West Charleston Library 702-807-3940	<b>TRANSITIONAL HOUSING</b>	Las Vegas Urban League 702-436-8469
<b>FOOD &amp; MEDICAL</b>	Clark County Family & Youth Services 702-455-8200	LV West Led Memorial Boys and Girls Club 702-632-1880
Catholic Charities 702-387-2291 702-383-0766	Jewish Family Services 702-732-0304	Nevada Call Center 211 866-535-6664
Clark County Social Services 702-455-8639	Nevada Homeless for Youth 702-385-2389	
3600 S. Cambridge St Las Vegas, NV 89119	Parsons Place 702-383-0847	
Three Square 702-454-3663		
Helping Hands 702-649-7853		
Las Vegas Salvation Army 702-470-4430		
Food SNAP Nevada State Welfare 702-486-6000		

**Please Read:** Complete application with all Disclosure, Authorizations, Counseling Agreement, Waivers, Fair Housing Hot-line Information and Referral Resources is available on the INTERNET at [www.csnv.org](http://www.csnv.org)  
 Copies will always be available at our main office if you want a hard-copy. Please sign and date that you have read and understand this statement

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

## Monthly Expenses Plan

Auto Insurance	
Auto loan	
Auto repairs/maint/registration	
Gasoline	
Child support/alimony	
Credit card min payments	
IRS or other taxes if payed out of pocket	
Dining/eating out	
Food/groceries	

### Household Cost

Checking act fees	
Barber/beauty shop	
Child care	
Tobacco	
Clothing	
Fitness membership	
Personal items/toiletries	
Repairs/maintenance	
Movie rental	
Pest control	
Security system	

### Housing payment

1 <sup>st</sup> mortgage	
2 <sup>nd</sup> mortgage	
Home owners Association	
Home equity line	
Homeowner/renters insurance if not included in payment	
Property taxes if not included in payment	
Lawn care	
Rent	
Rental property	

### Loans

Installment loan	
Payday loan	
Student loan	

### Insurance

Health insurance	
Life insurance if payed out of pocket	

### Medical / Savings

Dentist	
Doctor visit/Co-pay	
Visions/glasses/contacts	
Medical bills monthly payments	
Medications	
Savings	

### Utilities / Other Household Cost

Internet	
Cable tv	
Cell phone	
Electricity	
Trash services	
Heating (not gas or oil)	
Water/sewer	
Telephone	
Sewer	

### Discretionary Expenses

Church donation	
Other gifts/donations	
School fees/books/supplies	

### Entertainment / Pets

Books/newspaper/magazine	
Birthday gifts	
Alcoholic beverages	
Pet expense	

Borrower \_\_\_\_\_

Co-Borrower \_\_\_\_\_

Counselor reviewed and made recommendations

\_\_\_\_\_  
Initial



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**CSNV.ORG**

Client Name: \_\_\_\_\_

FC-Presentation & Home Services Action Plan			
1. Homeowner agrees to be in close contact with CSNV at the number listed above during the review period to determine that the lender has all the necessary documents to continue reviewing loan for assistance. Failure to keep in contact with CSNV will result in case closure after 30 calendar days.			
2. Homeowner understands that a loan modification and any other mortgage assistance are not guaranteed.			
3. Homeowner understands all the options available such as loan possible state program, modifications, Re-payment plan, Forbearance, short/sale, and Deed-in-lieu of foreclosure.			
4. Homeowner agrees to inform counselor of any documents received regarding mortgage loan; including but not limited to Meditation Services and Foreclosure.			
5. Based on preliminary financial analysis, Homeowner needs to reduce/eliminate unnecessary expenses as described and explained (Necessities vs. Desires).			
6. Homeowner should contact agencies listed on Referral Sheet for any additional assistance			
7. Please allow 24-48 hours for return calls/emails for Housing Counselor. If your contact information changes, please notify CSNV.			
8. Homeowner needs to provide counselor with:			
9. Homeowner next appointment with counselor is on:			
<b>Please Note: If all Documents have not been provided, you will need to provide documents 30 minutes prior to next</b>			
10. During the next appointment, counselor will complete a full review of loss mitigation options including, but not limited to, all programs, In-house Modification programs, Short Sale, Deed in Lieu of Foreclosure, and Refinance when applicable. Once Homeowner and counselor decide how to proceed, action will be taken to start submission process.			

In order to take an active participation in the resolution of my (our) housing conditions, I (we) agree to take the above action steps: I acknowledge and understand that the above issues must be resolved prior to applying for mortgage assistance;

- This document is not intended to convey "loan approval"  
 Upon review of additional documents, the counselor may add additional action items to this list  
 Upon applying for mortgage assistance, there may be additional conditions/documents that are required to proceed

\_\_\_\_\_  
 (Borrower)

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

\_\_\_\_\_  
 (Counselor)

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

Community Services of Nevada (CSNV) promotes strong neighborhoods and healthy families through neighborhood revitalization and economic development projects. Our motto is "Changing Lives for the better through results oriented quality services."





## Document CHECKLIST

Client	Please provide ALL documents listed below that pertain to you. We only accept Copies	Office use only
1	ID & Social Security Card/ ITIN card.	
2	<b>Last 3 Months</b> Bank Statements for all Checking and Savings accounts. Include all blank pages in statement.	
3	<b>Last 2 months</b> Proof of all income in the household. *Self-employment/1099 provide: YTD – Profit & Loss Statement.	
4	<b>Last 2 Years</b> of Complete Tax returns signed. Include W2's and 1099.	
5	Monthly statements for: utility bills, credit cards, loans, liabilities.	
6	Bankruptcy Documents: Discharge letter with filing dates for Chapter 7/13 file completed or filed in the last 7 years	
7	Last mortgage statement for all loans on the property.	
8	Lender correspondence	
9	Loan documents signed at closing (Deed of Trust or Note) *Modification documents.	
10	Current Homeowner Association (HOA) Statement. Not coupon book.	
11	Hardship Letter: needs to include: date when the hardship started, what caused the hardship.	
12	Other:	

Are you registered to vote?    YES    NO

**Borrower Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

: 📞 702.307.1710 📠 | : 702.307.1712 | **Email: Documents to:** 📧 intake@csnv.org

**www.CSNV.ORG**