



633 NW 8th AVE.
 GAINESVILLE, FL 32601
 TEL: (352)380-9119

EMAIL: NHDCcares@gnhdc.org

Mission: To improve the quality of life through economic and housing opportunities of low and moderate income persons.

REQUEST FOR ASSISTANCE

Please read the following statement below and sign. This statement is to verify that you have applied or are applying for assistance through NHDC CARES.

You will also need to sign the enclosed Release of Information, Consent and Fraud Statement. These documents must be signed before we can proceed with your application. We will also need the required documents listed on page 2.

As much as we would like to fund everyone in need, we cannot. Therefore, please be aware that funding is based on meeting the criteria for the available grant(s) including submission all needed information. If we do not receive all required information (including proof of payment of your portion, if applicable) and all other paperwork requested within a 72-hour period, your file will be closed and you will have to reapply for services.

THIS IS NOT A GUARANTEE OF FUNDING. Therefore it is imperative that you continue to look for funding through other sources and inform NHDC immediately if you are approved through another source.

The turn-around time for approval/denial of funding is 7 business days. **PLEASE REFRAIN FROM EMALING, WALKING INTO THE OFFICE OR CALLING BEFORE THE TURN-AROUND TIME HAS EXPIRED TO OBTAIN THE STATUS OF YOUR CASE.**

By signing this document, you certify that you clearly understand all stipulations and requirements as outlined above and detailed instructions below in your REQUEST for assistance.

 Signature

 Date



Assistance is provided on a fair and equal basis . The NHDC CARES program does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, familial status, gender identity



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Tenant Documentation Checklist: **MUST SCAN DOCUMENTS NO PICTURES ACCEPTED**

To process your application NHDC Cares needs to collect documents to show you are eligible and your expenses can be covered.

- Head of Household: driver's license, state issued ID, passport or other form of identification.
- Dependents: if over 18 years old, driver's license, state issued ID, passport or other form of Identification. For dependents under 18 years old, attach birth certificate
- Social security cards for all of the household members.
- Rental agreement: A current signed lease. If you do not have one, a signed statement from your landlord with your lease term, rent amount, or other documents that show you pay rent at your address
- Proof of Income for all adults: pay stubs for the last 2 months, benefit letter(s), child support, signed 1040 tax return document for the most current year, or all W2s and 1099s. If you no income you may complete a self-attest form.
- Past due rent statement, tenant ledger, or invoice from your landlord showing what you owe or past due utility bill including water, sewer, power, gas, electric.
- Bills for other housing expenses such as fees charged by your landlord, if applicable

Any households that cannot provide requested documentation will be contacted during the application process to discuss options, which may cause delays in processing.

Rent & Utility Assistance Needed

I need assistance with (choose one):

- Rent Utilities Both

Rent per Month (as shown on my lease): \$ _____ # of Months owed in Rent: _____
 _____ Total Rental Arrearages

(including any documented late fees or other fees) at time of application: \$ _____

I have arrearages owed for the following Utilities: Gas Oil Electric Water/sewer Internet

None of These Other: _____

Total Utility Arrearage (including any documented late fees or other fees) at time of application:

\$ _____



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AUTHORIZATION AND CONSENT TO COLLECT AND RELEASE INFORMATION

I understand that Alachua County CoC Service Providers are part of the WellSky Network, designed to collect and share information to reduce the amount of time and effort it takes for me to obtain the requested services I need. CoC participating agencies have policies and procedures in place to protect confidential information. I authorize the agency providing a service to disclose to appropriate entities any information regarding my general condition, past and present, and/or information about other family members or other residents contained in the application concerning services provided to and/or requested by me and others I have listed on the application. This consent may be revoked by me or any other family member or resident, at any time except to the extent that action has been taken in reliance thereon. This consent unless expressly revoked earlier will expire four years from the date indicated below. I declare that the information I give is true and correct to the best of my knowledge. Upon request, I will be provided a copy of the Full Privacy Notice. Further NHDC besides releasing information to CoC/Well Sky partner, with my permission as expressed by the signing of this Release may provide information including the intake form to other agencies not a part of Well Sky. These other agencies/organizations to assist with the furtherance of assistance to me and/or my family.

Signature

Date



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FRAUD STATEMENT

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant, knowingly give Neighborhood Housing & Development Corporation (NHDC) false information about your household's income including wages earned, child support, cash assistance from any source, retirement income, SSI or SSDI or changes in your family's composition (family size) at the time of your application, your application will be deemed ineligible and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to NHDC, you receive any rental assistance, utility assistance or deposit assistance to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN A FINE, IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR ASSISTANCE FROM THIS AGENCY.

I have read the above statement AND I also understand the consequences of not correctly reporting my income, household size, or any other requirement of NHDC.

Signature

Date

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*****The items with ***** MANDATED HUD Universal Data Elements*****

*1. Client HMIS ID _____ Application Date: _____

*Name: _____
First MI Last

*Street

*City State Zip Code

Are you an Alachua County Resident? Yes No

*Home: (____) _____-_____ Work: (____) _____-_____

*Mobile/Cell (____) _____-_____

*Email: _____

_____-_____-_____-_____/_____/_____-_____
*Social Security Number *Birth Date *Time at current address

- *Race (please circle):
- | | | |
|------------------------------|--------------------------------------|----------|
| 1. White | 3. Native Hawaiian/ Pacific Islander | 5. Asian |
| 2. Black or African American | 4. American Indian/Alaskan Native | 6. Other |

*Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

- *Hispanic: Yes No
- *Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed
- *Gender (please circle): Male Female
- *Disabled? Yes No *Are you a veteran? Yes No
- If Yes is this Disability ____ Self-Reported and/or ____ Verified



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***Current Housing Status? (please circle):**

- | | |
|-------------------------------------|--|
| 1. Rental with subsidy | 2. Rental without subsidy |
| 3. Homeless Under Federal Statutes | 4. Living with family member and not paying rent |
| 5. At Imminent risk of homelessness | 6. Fleeing domestic Violence |
| 7. Stably housed | 8. Client Doesn't Know |
| 9. Client Refused | 10. Data not Collected |

***Household Type (please select the most accurate)?**

- | | | |
|--|--|-----------------------------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult |
| 4. Two or more unrelated adults | 5. Married with children | 6. Married without children |
| | | 7. Other |

***Are there non-dependents who will be living in the home?** Yes No *If yes, list below:*

Relationship & Age

Relationship & Age

List Any Additional Household Members Here:

*Total Number of Persons in Household: _____

Full Name	Relationship	Social Security #	Date of Birth	Disabled



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PROGRAM SPECIAL NEEDS INTAKE

*Do you have a Physical Disability?

No Yes Don't Know Refuse to Answer

If Yes, is the physical disability expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

*Do you have a Developmental Disability?

No Yes Don't Know Refuse to Answer

If Yes, is the developmental disability expected to impair your ability to live independently?

No Yes Don't Know Refuse to Answer

*Do you have a Chronic Health Condition?

No Yes Don't Know Refuse to Answer

If Yes, is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

*Do you have HIV/AIDS?

No Yes Don't Know Refuse to Answer

If Yes, is the HIV/AIDS expected to substantially impair your ability to live independently?

No Yes Don't Know Refuse to Ans

*Do you have a Mental Health Condition?

No Yes Don't Know Refuse to Answer

If Yes, is the mental health condition expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

*Do you have a Substance Abuse Condition?

No Alcohol Abuse Drug Abuse Both alcohol and drug abuse Don't Know Refuse to Answer

If Yes for alcohol abuse, drug abuse, or both, is the substance use condition expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?

No Yes Don't Know Refuse to Answer

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*Are you a Domestic Violence Victim or Survivor?

No Yes Don't Know Refuse to Answer If Yes, when did the experience occur?

Within the past 3 months Three to six months ago Six months to one year ago

One year ago or more Don't Know Refuse to Answer

If Yes, are you currently fleeing? No Yes Don't Know Refuse to Answer

*On the night previous to this application, where did you sleep?

How long have you been sleeping at the location you wrote in above?

One night or less Two to six nights One week or more, but less than one month

One month or more, but less than 90 days 90 days or more, but less than one year One year or longer

Don't Know Refuse to Answer

Landlord Information

Landlord Name: _____

Other Contact, if applicable (e.g. Property Manager):

Landlord Email:

Landlord Phone Number:

Have you informed your Landlord that you have applied for this program?

Yes No

Do you or your Landlord currently receive any rental or utility subsidy for the address on this application (e.g., Housing Choice Voucher AKA "Section 8")? Yes No Don't Know



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EMPLOYMENT/INCOME INFORMATION *Please Print Clearly*

Primary Employer: _____

Title _____ Hire Date _____

Phone: (____) _____-_____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$_____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month
 _____ monthly?

Can you document your child support/alimony income? Yes or No

If yes, how long will it continue? _____

If your child or a family member receives SSI, Yes or No

If you receive disability income, is it for a permanent disability? Yes No



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MONTHLY LIVING EXPENSES	Monthly Amount	Total Due
Rent or mortgage		
Utilities		
Water/Sewer/Garbage		
Telephone Landline		
Cellular Phone		
Cable/Satellite TV		
Streaming Services		
Child Care		
Food		
Auto Payment		
Car Insurance		
Medical Insurance		
Life Insurance		
Renters Insurance		
Personal Care Items		
Credit Card Payments		
Pet Supplies		
Education (Tuition/Books)		
Other		
Cellular Phone		
Cable/Satellite TV		
Child Care		
Food		
Insurance (car, medical, etc.)		
Personal Care Items		
Car incidentals (gas, repairs, etc.)		



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TOTAL EXPENSES:		

INCOME SOURCE LAST 30 DAYS	Monthly Amount	
Earned Income		
Self-Employment		
Child Support		
Alimony Payments		
Misc./Other.		
SSI		
SSDI		
Unemployment		
Retirement		
Private Disability Insurance		
Worker's Compensation		
Veteran's Pension		
Retirement Pension		
TOTAL HOUSEHOLD INCOME		

NON-CASH SOURCE LAST 30 DAYS	Monthly Amount	
Food Stamps (SNAP)		
WIC		
State Children's Health Insurance		
Medicaid Health Insurance		
Medicare Health Insurance		
TANF (Temporary Assistance)		
VA Medical Services.		
Section 8 Housing		



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Section 8 Utility Allowance		
Temporary Rental Assistance		
Misc.		
Other		
TOTAL Non-Cash:		

Total Gross income - **Expenses** = **Net Left**

**Please list the approximate value of the following:*

BANK NAME & ACCOUNT NUMBER(S)	Amount	
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? _____

If yes, how much? \$ _____

ASSET ADDENDUM TO APPLICATION

In order to properly qualify you for assistance, the income of applicants must be certified. The following asset information must be obtained. This information will be used to income eligibility purposes only.

Assets include: cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit money market funds, IRA accounts, retirement and pension funds, lump sum receipts (such as lottery winnings, insurance settlements, etc.) and personal property held as an investment (such as gems, coin collections, paintings, antique cars, rental property, etc.). ASSETS DO NOT INCLUDE: necessary personal property such as furniture, automobiles, and clothing.

<p>The total value of my (our) assets are: \$ _____</p> <p>The total annual income (interest, rent) received from these assets is: \$ _____</p>



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CERTIFICATION OF NO INCOME

***If you have claimed that you or the other household members indicated that you do not have any income you may certify by signing below that they have no income.**

I certify that the information provided is true and accurate to the best of my knowledge. I understand that misrepresenting household income may constitute fraud. If I indicated that my household has no income, I affirm that is accurate and I understand that I may be asked for additional information and documentation to determine eligibility, which may delay the processing of my application. I understand that providing false, misleading or incomplete information may result in ineligibility for this program, repayment or recapture of funds, and other legal action.

Signature

Date

***Self-certification of Risk of Homelessness or Housing Instability: I or member of the household can demonstrate a risk of experiencing homelessness or housing instability.**

- Risk of eviction
- Risk of lease termination
- Living “doubled up”, or in a residence that isn’t permanent for you
- Struggling to pay rent and utilities, or rent and utilities are more than your household can afford
- Relying on credit cards or depleting savings to pay for rent or utilities
- Struggling to pay for essentials such as food, prescription drugs, childcare or transportation
- Other



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Affidavit of Hardship

Please explain what circumstances caused your current hardship.



SIGNATURES AND ACKNOWLEDGEMENT

PRIVACY POLICY OPTIONS

Please read NHDC's Privacy Policy. Once you have read it, 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 the privacy notice, please indicate your preferences below.

Check the box or boxes below to indicate your privacy choices.

- Option 1** - Allow NHDC to share my personal information with third parties deemed necessary for the counseling services being provided.
- Option 2** - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.
- Option 3** - Limit disclosure of personal information about me only to funders, government agencies or nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

ACKNOWLEDGEMENT OF FEE SCHEDULE

_____ I/We have read NHDC's Fee Schedule and are aware of the fees. I/We are responsible to pay for only those services specifically requested. I am not obligated to receive nor pay for any other services that may be offered by NHDC or its partners.

ADDITIONAL AUTHORIZATIONS

If applicable, please indicate authorizations for NHDC to:

- pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- pull my/our credit report and review my/our credit file for informational inquiry purposes; fee waived

_____ I/We have read, understand and agree to the following Neighborhood Housing & Development Corporation's:

- Client Session Agreement and Expectations
- Disclosure Statement and Third Party Authorization to Release Information
- Liability Waiver Statement
- Privacy Policy
- Conflict of Interest
- Fee Schedule

as each relates to the services being provided and the use of personal information. 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.

I UNDERSTAND AND AGREE WITH THE TERMS OF ALL AUTHORIZATIONS AND DISCLOSURES:

Applicant Signature

Co Applicant Signature

Print Name

Print Name

Date

Date

Housing Counselor Signature

Print Name

Date



PRIVACY POLICY REGARDING PERSONAL INFORMATION

This notice describes our policy regarding the collection and disclosure of personal information.

Neighborhood Housing and Development Corporation (NHDC) values your trust and is committed to the proper management of the privacy of individuals and family's personal information. We realize that the concerns you bring to us are highly personal in nature and assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic" 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, household income, employment history, financial assets and liabilities, and bank account information. 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, housing and financial counseling, and to aid you in shopping for a home mortgage from a conventional lender. In addition, we collect personal information to assist you with resolving mortgage delinquency. 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 our 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,
- Other 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 safeguard complies with federal regulations to guard your personal information.

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, please indicate your preferences on page 10 of this packet.

NHDC'S FEE SCHEDULE

As of May 1, 2023

EDUCATIONAL CLASSES

Financial Fitness Series

No Charge

The Financial Fitness Classes are interactive sessions focusing on budgeting, credit education and other personal finance topics. It is intended for clients who have an interest in improving their personal finances but need to resolve some issues keeping them from securing a mortgage.

Home Buyer Education Seminar

\$50

The Home Buyer Education (HBE) Seminar is an 8-hour session designed for households planning a home purchase within one year. Topics discussed information on financial literacy and real estate terminology; preparing for a mortgage and home purchase; down payment assistance programs; how to select a real estate professional: special veterans counseling; a complete explanation of standard purchase procedures, property inspections, insurance, escrows; laws and regulations covering your purchase including fair housing laws, predatory lending laws, laws prohibiting mortgage modification scams, and the like; financing alternatives; conventional mortgage products, budget counseling; credit counseling; how to maintain your home and protect your investment; home energy counseling; and discussion of closing costs and the HUD-1. Clients graduating from the class may be eligible for SHIP and NHDC financial assistance. Households purchasing a home within one year of HBE course completion will receive a refund of the monies paid.

COUNSELING PROGRAMS

No Charge

Pre-Purchase Housing Counseling is delivered in a confidential, one-on-one setting between you and the housing counselor. The counseling session is specific to your needs. A course of action is developed to help guide both you and the counselor to reach your determined housing goal.

Foreclosure Intervention Counseling: These services include: helping you effectively work with lender/servicers including drawing up documents for loan modification and submission of modification documents; fair lending/mortgage fraud identification, referral and reporting; loan modification procedures and programs; work-out plans; loan refinance; deed-in-lieu; deed-in lease; short sale; working with investors; using “hardest hit” funding; review of financials and how to modify living expenses to increase retained household income; what to do if your hardship application is denied by your lender/servicer; explaining what a foreclosure is, the foreclosure process and important timelines, alternatives to foreclosure; mortgage rate reduction programs; loss mitigation strategies; property retention and disposition options; hands-on counseling in delinquency; and bankruptcy information.

Rental Counseling and Education: These services include but are not limited to providing information and direct help with: renting with impaired credit; rentals for low, low income persons; excessive deposits; budget and debt counseling; financial literacy counseling and class-type education; rights of children who have been displaced due to foreclosure; rental scams; fair housing awareness, discrimination, health and safety repairs, filing complaints; NHDC program consisting of information and direct assistance with tenant rights, responsibilities and remedies; eviction mitigation; mobility counseling; resources on HUD rental programs and rent subsidy programs; lease and rental agreements; and post-occupancy matters.

OTHER SERVICES

Credit Report Review

\$35.00 per credit report/client

The credit report review includes a detailed overview of what is in your report and what is impacting your score. This review includes strategies for improving your score and how to dispute incorrect information. A credit report will be pulled by NHDC only after we have received written authorization from the client and the fee for the report has been paid.

NHDC'S CONFLICT OF INTEREST STATEMENT

A director, employee, officer, contractor, or agent of NHDC shall not engage in activities that create a real or apparent conflict of interest. Such a conflict would arise if the director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as an employee (other than with the participating counseling agency), or with whom he or she is negotiating future employment, has a direct interest in the client as a landlord, broker, or creditor, or originates, has a financial interest in, services, or underwrites a mortgage on the client's property, owns or purchases a property that the client seeks to rent or purchase, or serves as a collection agent for the client's mortgage lender, landlord, or creditor.

A director, employee, officer, contractor, or agent of NHDC shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents or brokers in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client's property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.

A director, employee, officer, contractor, or agent of NHDC or any member of his or her immediate family shall avoid any action that might result in, or create the appearance of, administering the housing counseling operation for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with the requirements of this part and to serve the best interests of its clients.

NHDC must provide to all clients a disclosure statement that explicitly describes the various types of services provided by the agency and any financial relationships between this agency and any other industry partners. The disclosure must clearly state that the client is not obligated to receive any other services offered by the organization or its exclusive partners. Furthermore, NHDC will provide information on alternative services, programs, and products when needed.