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**Please Print Clearly**

## STARTINGOVER<sup>SM</sup> PROGRAM APPLICATION

APPLICANT	CO-APPLICANT
<input type="checkbox"/> Female <input type="checkbox"/> Male      Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Female <input type="checkbox"/> Male      Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Last Name, First Name	Last Name, First Name
Social Security #: ____ - ____ - ____	Social Security #: ____ - ____ - ____
Date of Birth: ____ / ____ / ____	Date of Birth: ____ / ____ / ____
Address:	Address:
City, State, Zip Code	City, State, Zip Code
Daytime Phone Number <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <div style="text-align: right;">Preferred <input type="checkbox"/></div>	Daytime Phone Number <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <div style="text-align: right;">Preferred <input type="checkbox"/></div>
Evening Phone Number <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <div style="text-align: right;">Preferred <input type="checkbox"/></div>	Evening Phone Number <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <div style="text-align: right;">Preferred <input type="checkbox"/></div>
Email Address: <div style="text-align: right;">Preferred <input type="checkbox"/></div>	Email Address: <div style="text-align: right;">Preferred <input type="checkbox"/></div>

**Complete the following for all applicants in the household. Check (✓) ALL that apply.  
 Incomplete applications will not be considered.**

Family Composition & Marital Status	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Head of Household <input type="checkbox"/> Two or more un-related adults	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Head of Household <input type="checkbox"/> Two or more un-related adults

Race / Ethnicity			
<input type="checkbox"/> Black, non Hispanic	<input type="checkbox"/> White, non Hispanic	<input type="checkbox"/> Black, non Hispanic	<input type="checkbox"/> White, non Hispanic
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other
	<input type="checkbox"/> Foreign Born		<input type="checkbox"/> Foreign Born

Education & Special Needs			
<input type="checkbox"/> Below High School Diploma	<input type="checkbox"/> Disabled	<input type="checkbox"/> Below High School Diploma	<input type="checkbox"/> Disabled
<input type="checkbox"/> HS Diploma or Equivalent	<input type="checkbox"/> Veteran	<input type="checkbox"/> HS Diploma or Equivalent	<input type="checkbox"/> Veteran
<input type="checkbox"/> Some College (2 – 3 years)	<input type="checkbox"/> Migrant Farm Worker	<input type="checkbox"/> Some College (2 – 3 years)	<input type="checkbox"/> Migrant Farm Worker
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> <b>Language spoken at home:</b>	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> <b>Language spoken at home:</b>
<input type="checkbox"/> Master's Degree	_____	<input type="checkbox"/> Master's Degree	_____
<input type="checkbox"/> Above Master's Degree		<input type="checkbox"/> Above Master's Degree	

Household Composition		
<input type="checkbox"/> Renter	<input type="checkbox"/> Homeowner	<b>Total in Household:</b> [ _____ ]
<input type="checkbox"/> Section 8 / Public Housing	<input type="checkbox"/> with Mortgage	<input type="checkbox"/> <b>Others living with you</b>
<input type="checkbox"/> Living with Family/Friends (not paying rent)	<input type="checkbox"/> Predatory Lending Victim	<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____
<input type="checkbox"/> Homeless	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____
		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____
		<input type="checkbox"/> Adult <input type="checkbox"/> Child Age _____

The NHS **StartingOver<sup>SM</sup>** Program is designed for those who have experienced a financial set-back and are seeking a blue print for recovery. Whether you've experienced a foreclosure, job loss, IRS challenges, increased debt or decreased credit, understanding the process of recovery will help you: manage your money, get a handle on your emotions, restore hope and strengthen your resilience. Participants will work with a professional financial planner to create step-by-step plans to tackle their unique needs and work with a case manager to connect them to services to address each one. We know long-term changes do not happen overnight. Therefore, participants are expected to remain committed for one year to achieve two or more of the stated stability goals: 1) Reduce/Eliminate debt, 2) Improve FICO score, 3) Increase Savings and 4) Increase income.

**Please indicate your interests in the program:** (Choose at least 2 areas of interest)

<input type="checkbox"/> <b>Reduce/Eliminate Debt</b>	<input type="checkbox"/> <b>Improve FICO Score</b>	<input type="checkbox"/> <b>Increase Savings/Insurance/ Investments</b>	<input type="checkbox"/> <b>Increase/Improve Income</b>
Goal: _____	Goal: _____	Goal: _____	Goal: _____
_____	_____	_____	_____

**Indicate the reason(s) for your financial challenges?**

<input type="checkbox"/> Reduction in Income	<input type="checkbox"/> Medical issues	<input type="checkbox"/> Loss of Home Value	<input type="checkbox"/> No Credit
<input type="checkbox"/> Loss of Income	<input type="checkbox"/> Lack of Budget	<input type="checkbox"/> Divorce / Separation	<input type="checkbox"/> Bad Credit
<input type="checkbox"/> Failed Business Venture	<input type="checkbox"/> Increased Expenses	<input type="checkbox"/> Death of Family member	<input type="checkbox"/> Over spending
			<input type="checkbox"/> Other: _____

**Tell Us About Your Current Financial Position.**

<b>Monthly Income 1:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	<b>Source:</b> <input type="checkbox"/> Job <input type="checkbox"/> Self Employed <input type="checkbox"/> Retirement <input type="checkbox"/> SSA/SSI <input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Public Assistance/FosterCare <input type="checkbox"/> Unemployment <input type="checkbox"/> Other	\$
<b>Monthly Income 2:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	<b>Source:</b> <input type="checkbox"/> Job <input type="checkbox"/> Self Employed <input type="checkbox"/> Retirement <input type="checkbox"/> SSA/SSI <input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Public Assistance/FosterCare <input type="checkbox"/> Unemployment <input type="checkbox"/> Other	\$
<b>Monthly Income 3:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	<b>Source:</b> <input type="checkbox"/> Job <input type="checkbox"/> Self Employed <input type="checkbox"/> Retirement <input type="checkbox"/> SSA/SSI <input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Public Assistance/FosterCare <input type="checkbox"/> Unemployment <input type="checkbox"/> Other	\$
<b>Total Monthly Income</b>		\$

**Debt, Credit & Liabilities**

List all debt payments like credit cards, car payments, student loans, not <u>regular household bills</u> .				Balance Owed	Minimum Monthly Payment
		Current Status			
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Mortgage	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Car Payment	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Car Payment	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Credit Card	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Credit Card	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Credit Card	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Other Mortgage:	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Installment loan	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Student Loan(s)	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<input type="checkbox"/> Applicant <input type="checkbox"/> Co Applicant	Child/Spouse Support	<input type="checkbox"/> Delinquent <input type="checkbox"/> Paid As Agreed		\$	\$
<b>Attach additional sheets, if needed.</b>				<b>Total Debt &amp; Liabilities</b>	\$
					\$





## PARTICIPATION & AUTHORIZATION AGREEMENT

I/we understand that the **StartingOver<sup>SM</sup>** Program offered by Neighborhood Housing Services of the East Bay (NHS) provides a unique opportunity for low and moderate income families to obtain a scholarship that provides one year of fee-only professional financial planning services for only \$75.

I/we understand that cost of the **StartingOver<sup>SM</sup>** Program is made possible through contributions from the Financial Planners Association, NeighborWorks America and private donors and that without these subsidies, the true value of this program is approximately \$8,400.

In consideration of this scholarship, I/we agree to:

- Pay the application fee (\$35 for individuals or \$55 for couples) (Enclosed with application),
- If accepted into the program, pay \$75 enrollment fee,
- Complete the **StartingOver<sup>SM</sup> Smart Money** education course,
- Meet with my financial coach monthly at my scheduled appointment,
- Work diligently to achieve my goals by following the plan that I establish with my coach,
- Communicate regularly with my coach and NHS Case Manager

I/we hereby authorize Neighborhood Housing Services (NHS) and its counselors to:

- 1) obtain a consumer credit report through a credit reporting agency chosen by NHS and understand that this report will be retained on file at NHS's office;
- 2) Discuss my financial plans and status with my financial advisor for the duration of this engagement;
- 3) Share statistical information about my transaction with NeighborWorks<sup>®</sup> America, HUD or other government funders in conformance with the privacy act; and,
- 4) Obtain my/our report and review my/our credit file for informational inquiry purposes.

I/we understand and agree that NHS intends to use the consumer credit report solely purposes for the of evaluating my financial inquiries. 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. Authorization is further granted to NHS to use a photostatic copy of my/our signatures below, to obtain information regarding any of these items.

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Name of Applicant (Please Print)

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Name of Co-Applicant (Please Print)

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Signature of Applicant

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Date

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Signature of Co-Applicant

---

Date

---

Social Security Number

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Social Security Number



## PRIVACY POLICY AND PRACTICES DISCLOSURE

Richmond Neighborhood Housing Services [DBA Neighborhood Housing Services of the East Bay] (NHS) values your trust and is 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.

## 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, check Box 2 on the Privacy Choices Form below.

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 3 on the attached Privacy Choices Form.

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### PRIVACY CHOICES FORM

Box 1  I have read, understood and agreed to the privacy policy of NHS East Bay.

**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 2  Please do not disclose my personal information to unaffiliated third parties other than nonprofit organizations involved in community development.

Box 3  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.

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Name of Applicant (Please Print)

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Name of Co-Applicant (Please Print)

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Signature of Applicant

Date

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Signature of Co-Applicant

Date

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Please mail this form in a stamped envelope to:

**Neighborhood Housing Services of the East Bay  
2320 Cutting Boulevard  
Richmond, CA 94804**

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.