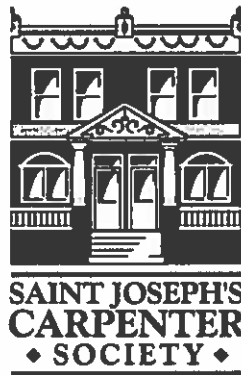


# Application for the Purchase of a House



## INSTRUCTIONS FOR COMPLETING THE APPLICATION

- PAGES 2-4:      Applicant(s) Information
- PAGE 5:            Schedule for the Homebuyer Education Program
- PAGE 6:            Document Checklist
- PAGE 7:            CFPB Financial Questionnaire
- PAGE 8-20:        Credit Release Form & SJCS Client Disclosure  
Statement (Signatures Required)
- 

### **Once you have completed the application:**

1. Please return it to our office and pay the fee for the program which includes class materials and credit report(s). **Make sure that the credit release form (disclosures p 1) is completed, signed, and dated.** Credit report(s) requires that you submit a copy of your Photo ID and Social Security Card.
  - One Applicant - \$55
  - Two Applicants - \$80
2. Once you have paid you will be given the start date for the classes.
3. When you have begun the classes please call the office to schedule an appointment with the housing counselor.

Client Number: \_\_\_\_\_



**SAINT JOSEPH'S  
CARPENTER  
♦ SOCIETY ♦**

## Applicant Information

Notes:

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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

Applicant: First Name Last Name Date of Birth

Co-Applicant: First Name Last Name Date of Birth

Street Address \_\_\_\_\_

City State Zip Code

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred Language \_\_\_\_\_

E-Mail \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

Previous Address \_\_\_\_\_

City State Zip Code

How long did you live at your previous address? \_\_\_\_\_

Applicant Social Security # \_\_\_\_\_

Co-Applicant Social Security # \_\_\_\_\_

Are you Hispanic (circle one): YES NO

Are you a veteran (circle one): YES NO

Head of Household Information – Please circle one for each of the categories

Marital Status	Race	Ethnicity	Referral Type
Married	White		Billboard
Divorced	Black	Hispanic	Walk-In
Separated	Asian		Lender/Realtor
Single	American Indian	Non- Hispanic	Family/Friend
Widow	Pacific Islander		Agency: _____

Information for ALL other Members of Household:

Name	Birth Date	Social Security #

### Education Attainment

Please Fill In the Appropriate Box:

- Some High School
- High School/ GED
- Some College
- Technical School
- College/Bachelors
- Master Degree

Client Number: \_\_\_\_\_



**SAINT JOSEPH'S  
CARPENTER  
♦ SOCIETY ♦**

# Employment Information

Notes:

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## Applicant:

Present Employer \_\_\_\_\_ Your Position/Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Date Started \_\_\_\_\_

Previous Employer \_\_\_\_\_ Your Position/Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Date Start-End \_\_\_\_\_

If less than 2 years, please provide information for previous employment:

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## Co-Applicant:

Present Employer \_\_\_\_\_ Your Position/Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Date Started \_\_\_\_\_

Previous Employer \_\_\_\_\_ Your Position/Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Date Start-End \_\_\_\_\_

If less than 2 years, please provide information for previous employment:

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Client Number: \_\_\_\_\_



SAINT JOSEPH'S  
CARPENTER  
SOCIETY

### Financial Information

Notes:

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\_\_\_\_\_  
\_\_\_\_\_

#### Applicant's Monthly Income

Employment	\$ _____
Social Security/SSI	\$ _____
Pension	\$ _____
Child Support	\$ _____
Public Assistance	\$ _____
Unemployment	\$ _____
Other	\$ _____
<b>TOTAL</b> (Monthly Income)	\$ _____

#### Co-Applicant's Monthly Income

Employment	\$ _____
Social Security/SSI	\$ _____
Pension	\$ _____
Child Support	\$ _____
Public Assistance	\$ _____
Unemployment	\$ _____
Other	\$ _____
<b>TOTAL</b> (Monthly Income)	\$ _____

**Total Family Monthly Income: \$ \_\_\_\_\_**

Have you ever declared bankruptcy?

Yes                      No

If yes, Chapter (circle one):

7            or            13

If yes, Discharged?    Yes            No

Date of Discharge: \_\_\_\_\_

Reason for Bankruptcy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever declared bankruptcy?

Yes                      No

If yes, Chapter (circle one):

7            or            13

If yes, Discharged?    Yes            No

Date of Discharge: \_\_\_\_\_

Reason for Bankruptcy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOMEBUYER EDUCATION PROGRAM

Those applicants wishing to purchase a Saint Joseph's Carpenter Society house are required to complete the Homebuyer Education Program classes.

The Program is divided in 2 series, Financial Fitness and Homebuyer Education. Each series has 4 classes of 2 hours each, for a total of 16 hours for the program. Classes are offered in English & Spanish; schedules are below.

Those purchasing a home on their own or through another agency are required to complete the Homebuyer Education Program classes for the necessary certification.

The program is HUD-approved and accepted by financial institutions & local government agencies. Certification is provided upon completion of the program.

Fees for this education program:

- **One Person**
  - Financial Fitness and Homebuyer Education - \$55
- **Two People**
  - Financial Fitness and Homebuyer Education - \$80

Fees cover the costs of a credit report and the book used in class.

Payment is due before the start of either series of classes. Payments must be made in cash or money order; no other forms of payment are accepted. To register and pay for the classes please come to our office during normal business hours: Monday thru Friday, 9:00am to 5:00pm. Classes can also be paid for via PayPal on our website at: [http://www.sjescamden.org/homeowner\\_academy.html](http://www.sjescamden.org/homeowner_academy.html).

Location: St. Joseph's Carpenter Society  
20 Church Street  
Camden, NJ 08105  
Phone: 856-966-8117

### English classes

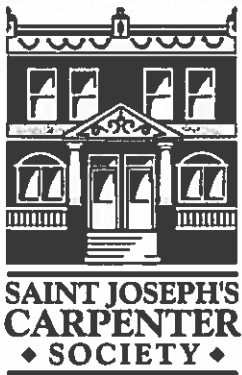
- Tuesday from 6:00 to 8:00 PM      Financial Fitness
- Thursday from 6:00 to 8:00 PM      Homebuyer Education

### Spanish classes

- Monday from 6:00 to 8:00 PM      Financial Fitness
- Wednesday from 6:00 to 8:00 PM      Homebuyer Education

Classes are also available online. For more information please go to: <http://www.chomeamerica.org/sjcs>

*If you have any questions regarding the classes please contact Jim Roche: 856-966-8117, extension 232*



## Financial Information

Notes:

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### Document Checklist:

- Social Security Cards for all family members
- Birth Certificates for all family members
- Income verification for all family wage-earners (5 most recent pay-stubs )
- Three months most recent bank statements
- One picture ID (driver's license, resident alien card, passport, etc.)
- Two most recent tax returns with W2 forms
- Lease/letter from the landlord with their name, address, and phone number
- Marriage Certificate or Divorce Papers
- Bankruptcy documents if applicable
- Other income information (Letter of Disability, AFDC, Social Security, SSI, Pension, Child Support Order, etc.)
- Other, if applicable (work permit number, citizenship certificate, custody court order, etc.)

FYI: If you need to obtain copies of current or past tax returns, you can

- Call the IRS at 1-800-908-9946

OR

- Go online to <http://www.irs.gov/Individuals/Order-a-Transcript>



## Questionnaire

## Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

SAINT JOSEPH'S CARPENTER SOCIETY

# Client Disclosures and Authorizations

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6/19/2017





Client Number: \_\_\_\_\_

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**

**ST. JOSEPH'S CARPENTER SOCIETY**  
 20 CHURCH STREET  
 CAMDEN, NJ 08105

**UNIVERSAL CREDIT SERVICES (CM)**  
 201 MARPLE AVE. - P.O. BOX 187  
 CLIFTON HEIGHTS, PA 19018

**CLIENT SIGNATURE AUTHORIZATION FORM**

I/We hereby authorize ST. JOSEPH'S CARPENTER SOCIETY to verify my past and present employment earnings records, bank accounts, stockholdings, and any other asset balances that are needed to process my mortgage loan application. I/We further authorize ST. JOSEPH'S CARPENTER SOCIETY to order a consumer credit report and verify other credit information, including past and present mortgages, landlord references, and release or disclose personal health information. If client for whatever reason decides to drop out counseling/education program before receiving their credit report, the report may be mailed to them if they so indicate or destroyed.

ST. JOSEPH'S CARPENTER SOCIETY may also utilize the services of UNIVERSAL CREDIT SERVICES (CM) to further verify my personal credit information. It is understood that a copy of this form will also serve as authorization. This authorization expires 120 days from the date indicated below.

**Privacy Act Notice:** Your information will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

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

\_\_\_\_\_  
 Social Security No.

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Social Security No.

\_\_\_\_\_  
 Date

**St. Joseph's Carpenter Society - Client Disclosure Statement**



Client Number: \_\_\_\_\_

**NOTE:** If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

*About Us and Program Purpose:* Saint Joseph's Carpenter Society (SJCS) is a nonprofit, HUD-approved housing counseling agency. We provide education workshops and a housing counseling including pre-purchase and non-delinquency post-purchase. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial each page and, sign, and date the final page.

*Client and Counselor Roles and Responsibilities:*

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.	Completing the steps assigned to you in your Client Action Plan.
Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.	Providing accurate information about your income, debts, expenses, credit, and employment.
Preparing a household budget that will help you manage your debt, expenses, and savings.	Attending meetings, returning calls, providing requested paperwork in a timely manner.
Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.	Notifying SJCS or your counselor when changing housing goal.
SJCS employees, volunteers, agents, or directors may not provide legal advice.	Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.
	Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

*Termination of Services:* Failure to work cooperatively with your housing counselor and/or SJCS with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

*Agency Conduct:* No SJCS employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain,

\_\_\_\_\_/\_\_\_\_ Client Initials



Client Number: \_\_\_\_\_

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**

provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

*Agency Relationships:* St. Joseph's Carpenter Society is a nonprofit organization with a mission to improve the quality of life of the people of the City of Camden and its surrounding communities by promoting affordable housing and neighborhood development. Through our initiatives, we encourage people to take charge of their lives and become active community members. To meet our mission, we offer the following products and services ( if funding is available):

- Home Improvement Grant Program (*myHome*);
- Pre-Purchase Homebuyer Education workshops;
- Pre-Purchase One-on-One counseling;
- Home Maintenance Training program;
- Post- Purchase workshops;
- Lead Paint Remediation Grants;
- Façade Improvement;
- Units for Rent;
- Homes for Sale.

**These products are available to any client that requests it; however, we do not steer or expect any of our clients to utilize these products beyond their initial service.**

Saint Joseph' s Carpenter Society has financial affiliation or professional affiliations with Bank of America Charitable Foundation, Campbell Soup Foundation, Citizens Bank Foundation, City of Camden HOME Program, Housing and Community Development Network of New Jersey, Cooper Hospital Foundation , Haines Family Foundation, Investor Savings Bank Charitable Foundation, M & T Bank, M & T Bank Charitable Foundation, NeighborWorks America, New Jersey Department of Community Affairs, New Jersey Housing and Mortgage Finance Agency, PNC Foundation, William G Rohrer Charitable Foundation, ROMA Bank Community Foundation, Santander Bank Foundation, the Taylor Family Foundation, The United States Department of Housing and Urban Development (HUD), Wells Fargo Foundation, Wells Fargo Regional Foundation, and W.W. Smith Charitable Trust .

**As a housing counseling program participant, you are not obligated to use the products and services of St. Joseph's Carpenter Society or our industry partners.**

\_\_\_\_/\_\_\_\_ Client Initials



Client Number: \_\_\_\_\_

**NOTE:** If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

*Alternative Services, Programs, and Products & Client Freedom of Choice:* SJCS has a first-time homebuyer program. However, you are not obligated to participate in this or other SJCS programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, Parkside Business & Community in Partnership 1487 Kenwood Ave, Camden, 08103 (856) 964-0440, for-sale housing, pre-purchase counseling, homebuyer education workshops and Neighborhood Housing Services of Camden, Inc., 601 - 603 Clinton Street Camden, NJ 08103, (856) 541-0720, Fair Housing Pre-Purchase Education Workshops, Financial Management/Budget Counseling, Home Improvement and Rehabilitation Counseling, Mortgage Delinquency and Default Resolution Counseling, Non-Delinquency Post Purchase Workshops, Pre-purchase Counseling, Pre-purchase Homebuyer Education Workshops, Predatory Lending Education Workshops. **You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.**

*Referrals and Community Resources:* You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by SJCS and its exclusive partners and affiliates.

*Errors and Omissions and Disclaimer of Liability:* I/we agree SJCS, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in SJCS counseling; and I hereby release and waive all claims of action against SJCS and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

*Quality Assurance:* In order to assess client satisfaction and in compliance with grant funding requirements, SJCS, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with SJCS grantors such as HUD or NeighborWorks America. I/we acknowledge that I/we received, reviewed, and agree to SJCS's Program Disclosures

\_\_\_\_/\_\_\_\_ Client Initials



SAINT JOSEPH'S  
CARPENTER  
SOCIETY



Client Number: \_\_\_\_\_

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**

**Client Statement**

**I have read the disclosure statements on pages 2-4, and understand that I am under no obligation or steered toward using any of the mentioned products or services beyond my initial service provided by Saint Joseph's Carpenter Society.**

\_\_\_\_\_  
Client Signature    Date

\_\_\_\_\_  
Client Signature    Date



Client Number: \_\_\_\_\_

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

**Privacy Policy and Practices of St. Joseph's Carpenter Society**

**SJCS respects your privacy.** We know it is important to keep your non-public personal information confidential. You have our assurance that SJCS will do our best to handle your non-public personal information (defined below) with discretion and care.

**SJCS is committed to keeping your information secure.** SJCS restricts access to non-public personal information about you to those employees who need to know that information to provide services to you. Non-public personal information is information about you not known publicly that we obtain in connection with providing affordable housing services to you (such as your social security number or credit history). Non-public personal information does not include information available from public sources, such as telephone directories or government records. Once any and all amassed documents with non-public personal information are not needed any longer or are deemed unnecessary, these documents are to be destroyed appropriately.

**Information we collect**

To assist you in obtaining affordable housing, SJCS collects and uses publicly available information as well as non-public personal information. We collect non-public personal information about you from the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates or others;
- Information we receive during personal interviews;
- Information we receive from personal and employment references;
- Information we receive from personal documents such as a social security card, driver's license, government identification, court order or decree, tax return, W-2, 1099 or pay-stub; and
- Information we receive from a consumer reporting agency.

**Information we disclose**

We may disclose the following kinds of personal information about you:

- Information we received 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.

\_\_\_\_\_/\_\_\_\_\_/ Client Initials





Client Number: \_\_\_\_\_

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**

**Privacy Choices Form**

**OPT-OUT:** I request that SJCS make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that SJCS will **NOT** be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting SJCS.

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

Signature: \_\_\_\_\_

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

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

**RELEASE:** I hereby authorize SJCS to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

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

Signature: \_\_\_\_\_

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

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

*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.*





Client Number: \_\_\_\_\_

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**

**St. Joseph's Carpenter Society  
20 Church Street  
Camden, NJ 08105  
Referral Housing Counseling**

1. Jersey Counseling and Housing Development  
1844 S Broadway Camden NJ 08104  
Ph: 856-541-1000 Website: Na  
Fair Housing Pre-Purchase Education Workshops  
Financial Management/Budget Counseling  
Mortgage Delinquency and Default Resolution Counseling  
Non-Delinquency Post Purchase Workshops  
Pre-purchase counseling  
Pre-Purchase Homebuyer Education Workshops  
Rental Housing Counseling
  
2. Neighborhood Housing Services of Camden  
601-603 Clinton Street Camden NJ 08103  
Ph: 856-541-8440 Website: nhscamden@comcast.org  
Fair Housing Pre-Purchase Education Workshops  
Financial Management Budget Counseling  
Home Improvement and Rehabilitation Counseling  
Mortgage Delinquency and Default Resolution Counseling  
Non-Delinquency Post Purchase Workshops  
Pre-Purchase Counseling  
Pre-Purchase Homebuyer Education Workshops  
Predatory Lending Workshops
  
3. Parkside Business And Community in Partnership INC  
1487 Kenwood Avenue Camden New Jersey 08103  
Ph: 856-964-0440-15 Website: www.pbcip.org/what\_to\_expect.html  
Financial Management/Budget Counseling  
Pre-Purchase Counseling  
Pre-Purchase Homebuyer Education Workshops

**Other Housing Counseling Services Maybe looked up at:**  
[https://www.hud.gov/offices/hsg/sfh/hcc/hcs\\_print.cfm?webListAction=search&searchstate=NJ](https://www.hud.gov/offices/hsg/sfh/hcc/hcs_print.cfm?webListAction=search&searchstate=NJ)

**Saint Joseph Carpenter Society**  
**PROJECT REINVEST: FINANCIAL CAPABILITY**

**Saint Joseph Carpenter Society** 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. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. 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, 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 balance, payment history, parties to transactions and credit card usage; 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 of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.

**Release of your information to third parties & additional information**

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/coaching 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 customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic 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.
  
- 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.
  
- 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.

**Saint Joseph Carpenter Society**  
**PROJECT REINVEST: FINANCIAL CAPABILITY**  
**AUTHORIZATION FORM**

1. I understand that Saint Joseph Carpenter Society provides financial capability counseling/coaching after which I 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 Saint Joseph Carpenter Society 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 for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
  
3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
  
4. I give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
  
5. I acknowledge that I have received a copy of Saint Joseph Carpenter Society Privacy Policy.

**Release:** I hereby authorize SJCS to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. **I acknowledge that I have read and understand the above privacy practices and disclosures.**

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

**OPT-OUT:** I request that SJCS make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that SJCS will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting SJCS.

Clients signature \_\_\_\_\_ Date \_\_\_\_\_



Client Number: \_\_\_\_\_

**NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**

**St. Joseph's Carpenter Society  
20 Church Street  
Camden, NJ 08105  
Community Resources and Services**

4. South Jersey Legal Services  
Camden County Office  
745 Market St. Camden New Jersey  
Camden, NJ 08102  
856-964-2010  
Fax: 856-338-9227  
SJLSC@lsnj.org  
Legal representation, Advocacy
  
5. Volunteers of America Delaware Valley  
235 White Horse Pike  
Collingswood NJ 08107  
856-854-4660  
Emergency Housing, Home for the Brave, Community Housing and Supportive Services, Affordable and Senior Housing, Addiction Treatment, Re-Entry Services, Behavior Health Programs
  
6. Hispanic Family Center of South Jersey  
35-47 S. 29<sup>TH</sup> St.  
Camden NJ 08105  
Ph: 856-541-6985  
Fax: 856-662-4489  
Addiction Services, Adult Education, Counseling, Domestic Violence Advocacy , Family Services, Health Education
  
7. Josephs House  
555 Atlantic Avenue  
Camden NJ 08104  
856-246-1087  
Emergency Shelter, Onsite Meals For guest