



Welcome to BHO!

Thank you for contacting BHO Services. Your goal of securing great housing is important to us. BHO will work along with you to achieve your goal. Enclosed you will find an application, disclosures, and a list of the documents necessary to initiate Your **Housing Action Plan** with us. We encourage you to follow these steps:

3470 Old Ocean Hwy
Post Office Box 351
Bolivia, NC 28422

Tel: (910) 253-0699

Fax: (910) 253-4299

Email: info@bho2020.org

www.bho2020.org

- _____ 1. Complete the enclosed application.
- _____ 2. Gather the documents on the list. These documents are required for your appointment.
- _____ 3. You may send your documents along with the completed application by fax to (910)253-4299 or email rwillis@bho2020.org or mail them to the office at BHO POB 351 Bolivia, NC 28422.
- _____ 4. If you are seeking homeownership, then complete your credit file request enclosed and mail to the address indicated to obtain your free credit report.
- _____ 5. Call our office at (910)253-0699 for a virtual or telephone appointment TODAY!

Remember to make copies of your documents for submission, we do not accept originals. **Please bring copies.** If you have questions or concerns please call (910) 253-0699 or email rwillis@bho2020.org.

We are looking forward to working with you. Call and let's get started today!

Sincerely,

Resea Willis

Resea Willis, President

Enclosure

BHO Service Intake Application

Let's Get Started!										
How did you hear about BHO, Inc.?										
What's the best day/time to receive a call?										
Applicant Information										
Name:										
Email:							Phone:			
Current address:										
City:			State:			ZIP:		Are you a Veteran? Yes		No
Date of birth:			Last 4 Digits SSN:				State ID or License #:			
Own	Rent		(Check one)	How long?				Child Care:\$ _____ or _____		
							Wkly.		Mthly.	
Position:			Employer:				How long have you done this type of work?			
Co-Applicant Information										
Name:										
Email:							Phone:			
Current address:										
City:			State:			ZIP:		Are you a Veteran? Yes		No
Date of birth:			Last 4 Digits SSN:				State ID/License#:			
Position:			Employer:				How long have you done this type of work?			
Marital Status: (Check one) Single Unmarried Married Divorced Widowed Life-Partners										
Other Household Members (If you have additional people include on a separate sheet of paper.)										
Name:			Name:			Name:		Name:		
Check one on each line.			Check one on each line.			Check one on each line.		Check one on each line.		
FT Student? Yes	No		FT Student? Yes	No		FT Student? Yes	No		FT Student? Yes	No
Disabled? Yes	No		Disabled? Yes	No		Disabled? Yes	No		Disabled? Yes	No
Over 62? Yes	No		Over 62? Yes	No		Over 62? Yes	No		Over 62? Yes	No
Housing/Pandemic/Disaster Needs										

What assistance are you seeking?

BHO Service Intake Application

Privacy Policy Statement

Brunswick Housing Opportunities Housing Counselors take the financial privacy of its customers very seriously. This notice describes our policy regarding the collection and disclosure of personal non-public information. Personal non-public information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. During the course of processing your application, we accumulate non-public personal information from you and from other sources about your income, your assets, and your credit history in order to allow the BHO Housing Counselors to aide you in making informed decisions about the best services and resources to accomplish your financial goals.

Information We Collect/Disclose

We collect personal non-public information about you to support our programs and projects and to aid you in obtaining services and resources. We collect personal non-public information about you from the following sources:

1. Information that we receive from you on applications or other forms,
2. Information about your transactions with us, our partners or others; and
3. Information we receive from a consumer credit reporting agency.

To Whom Do We Disclose, Request and Share Information

We may disclose your personal non-public information about you to the following types of third parties:

1. Financial service providers, such as companies engaged in providing personal loans, home mortgage or home equity loans;
2. Other entities, NC-DHHS (including local DSS) Brunswick Family Assistance, Salvation Army, ATMC, BEMC, Progress Energy, Piedmont Natural Case, UMCOR, Catholic Social Ministries, Endeavors, ReBuild NC and nonprofit organizations or other non-financial companies involved in community development that may be assisting you.
3. Other entities such as Housing and Urban Development (HUD) and NC Housing Finance Agency (NCHFA), but only for program review, auditing, research and oversight purposes.
4. We may also disclose personal non-public information about you to third parties as required by law.

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, on a need to know basis. Only those that need to know that information to provide products or services to you, including, aiding you in obtaining mortgages and financial counseling. We maintain physical, electronic, and procedural safeguards to guard your personal non-public information. **We do not disclose customer information to companies that perform marketing services on our behalf.**

Fair Housing Statement

BHO strives to educate each consumer about their rights under the Fair Housing and Fair Lending Rules. BHO Housing Counselors will discuss with, clients in accordance with HUD's regulations at 24 CFR § 214.300 the following:

1. Readiness and preparation for homeownership and obtaining a mortgage; fair housing rights, identifying housing and lending discrimination and predatory lending.
2. When resolving or preventing mortgage delinquency: default and foreclosure, rights of applicants and clients, identifying discriminatory or predatory loan terms, loss mitigation, budgeting, and credit; Home maintenance and financial management for homeowners including, the preservation of accessible housing features;
3. Rental topics: HUD rental and rent subsidy programs; other federal, state or local assistance; fair housing laws; housing search assistance; landlord tenant laws; lease terms; rights of applicants and clients, rent delinquency; reasonable accommodations and modifications for persons with disabilities. 4. The pamphlet given upon request disclosure is to support the counseling.

Please Initial Each Statement:

- _____ 1. *I/We, as the consumer seeking coach/counselor understand that I must play an active role in the process towards the stated goal(s). I/We take responsibility for and will follow through on the tasks needed to achieve the goal.*
- _____ 2. ***I/We also agree that the decision is solely mine, and that of my co-borrower.** An employee/volunteer of BHO, Inc. may not make any decision on my behalf. I/We am responsible for all decisions made throughout this process.*
- _____ 3. *I understand that the BHO, Inc. coach/counselor will not conduct work for me in this process without my prior consent and my full participation.*
- _____ 4. *I/We understand we are not obligated to receive, purchase or utilized any other services offered by BHO or its partners in order to receive assistance, financial coaching and/or housing counseling.*
- _____ 5. *I acknowledge that I have read/reviewed and understand the agreements, disclosures, and authorizations above and this authorization is in effect for 18 months from the date signed.*
- _____ 6. *I understand that I may revoke my consent to these disclosures and authorizations by notifying BHO in writing*

BHO Service Intake Application

CREDIT REPORT AUTHORIZATION

1. I _____ hereby authorize and instruct Brunswick Housing Opportunities, Inc. to obtain and review my credit report. My credit report will be obtained from a credit reporting agency or service chosen by Brunswick Housing Opportunities, Inc. I understand and agree that BHO intends to use the credit report for the purpose of evaluating my financial readiness to achieve my financial goals.
2. My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to BHO in connection with such evaluation.
3. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.
4. Brunswick Housing Opportunities, Inc. will share with potential lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and BHO may contact me to discuss other services.

CONSENT TO RELEASE INFORMATION

I _____ / _____ authorize BHO and its Staff to release and/or request information which is necessary for the approval or denial of my application for assistance. This approval is for all persons that I have supplied proof that are currently part of my household including all children under the age of 18. I understand in order to assess my need for assistance with BHO grant programs BHO will require verification of income and expenses. In addition, I authorize BHO to contact and share information with other nonprofits, utility companies, rental agencies/landlords and social services agencies which may be able to assist in meeting my need. It is understood by BHO and the agencies we contact, that the information shared will be for the sole purpose of assisting me and will not be used for any other purposes.

CERTIFICATION

All of the information that I/We provided in this application for assistance is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this application. We understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Date: _____ **Applicant:** _____ **Date:** _____ **Co-Applicant:** _____

Print Name: _____ **Print Name:** _____

Last 4 digits of SS#: _____ **Last 4 digits of SS#:** _____

Signature: _____ **Signature:** _____

Demographic Information

The Federal Government reviews the type of service and loan applications related to a dwelling, in order to monitor compliance with equal housing, credit opportunity and fair housing regulations and laws, require the following information.

Applicant Information	Co-Applicant Information
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Race and Ethnicity	Mark all that apply	Education	Mark all that apply	Race and Ethnicity	Mark all that apply	Education	Mark all that apply
American Indian or Alaska Native		Up to 8 th Grade		American Indian or Alaska Native		Up to 8 th Grade	
Asian		9 th -12 th Grade		Asian		9 th -12 th Grade	
Black/African American		GED/High school diploma		Black/African American		GED/High school diploma	
Native Hawaiian or Other Pacific Islander		Attended some college		Native Hawaiian or Other Pacific Islander		Attended some college	
White		2-Yr./4-Yr. Degree		White		2-Yr./4-Yr. Degree	
Hispanic/Latino		Other		Hispanic/Latino		Other	

BHO Service Intake Application

Please complete this budget.

It is required for some of the services and/or referrals you may receive.

Applicant		Co Applicant		
Net Income Monthly:	Actual Amounts	Notes		
Income				
Income				
Work/Support Benefits (SNAP etc...)				
Total Income				
EXPENSE	Actual/Budget Amount	Current	Past Due	Notes
Savings/Emergency Fund				
Rent/Mortgage				
Electric/Gas				
Water/Sewer/Trash				
Telephone/Cell				
Cable/Internet				
Life/Other Insurance				
Medicines				
Car Exp./Transportation Cost/Gas				
Car Insurance				
Grocery/Household Supplies				
Outside Eating				
Child Support				
Pet Supplies				
Credit Cards				
Credit Cards				
Loan Payment				
Other:				
Total Expenses				
Total Income				
Less: Total Expense				
Equals: Discretionary Income				

BHO Service Intake Application

Please submit the documents listed below with your application

You Need	Documents Please include the documents necessary for the services you are seeking	Included
	Copy of State ID or Passport	
	Copy of Social Security Card or Taxpayer ID (TIN)	
	Proof of ALL Income (2 Months of Paycheck Stubs/ Proof of Social Security or Retirement Income Copy of check or Statement for current year.)	
	Copy of Public Benefits Award Letters (Food Stamps, Work Benefits, etc.)	
	If you receive Unemployment Income (Print out from Website)	
	Most Recent Bank Statements for All Accounts – ALL PAGES including the blank pages.	
	Most Recent Income Tax Return- ALL PAGES including W-2 and 1099's.	
	Copy of all Bills, Credit Cards, Loans, Mortgages, Rent Receipts etc.	
	Employer Name, Address, Phone# and Contact Person	
	Proof of Ownership, Copy of Deed and/or Title	
	For Veterans and Spouses of Widows of Veterans: DD-214	
	For Rental Counseling: Copy of lease, all utility bills and landlord name and phone number	

For Housing Repairs: Please include a list of all repairs needed

Initial Meeting Notes

Please include any questions or concerns.

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