

**Privacy Policy and Practices of  
Neighborhood Housing Services of New York City - Branch Home Ownership Center**

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**Directing Us Not to Make Disclosure to Unaffiliated Third Parties**

If you want to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.

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 2 on the attached Privacy Choices Form

**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, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below

☐ Box 1 Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

☐ Box 2 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.

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

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

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

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

**District Council 37  
Municipal Employees Housing Program  
125 Barclay Street, Room 318  
New York, NY 10007**

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.



## CREDIT AUTHORIZATION

I (we) the undersigned, do hereby authorize NHS to draw my (our) credit report. If I (we) request, you will tell me the name and address of the consumer reporting agency(s) that furnished it I understand that the information will be used for the purpose of mortgage evaluation and authorized NHS to share the information with a regulated financial institution.

### *Applicants:*

Please indicate if you are Jr., Sr., or III, if you have been married for less than 2 years or been known by another name:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

If less than two years at above address:

Address \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

### *Co-Applicants:*

Please indicate if you are Jr., Sr., or III, if you have been married for less than 2 years or been known by another name:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

If less than two years at above address:

Address \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_



## **Privacy Policy and Practices of Neighborhood Housing Services of New York City - Branch Home Ownership Center**

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We at: Neighborhood Housing Services of New York City - Branch Home Ownership Center value your trust; and are committed to the responsible management, use and protection 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.

**Municipal Employees Housing Program (MEHP) Phone Questionnaire**

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

Local: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for calling: \_\_\_\_\_

Are you interested in **rentals only**?  
(If yes, do not answer any questions from this point forward)

☐ Yes or ☐ No

Have you attended any seminars at DC 37 recently?

☐ Yes or ☐ No If Yes When? \_\_\_\_\_

How did you hear of the MEHP? \_\_\_\_\_

Referred by a lender?

☐ Yes or ☐ No

Have you ever been to an NHS Office before?

☐ Yes or ☐ No

Where? \_\_\_\_\_ What service? \_\_\_\_\_ When \_\_\_\_\_

Where would you like to buy your home? \_\_\_\_\_

Have you been pre-qualified or pre-approved by a lender? ☐ Yes or ☐ No

Are you in contract to purchase?

☐ Yes or ☐ No

How much have you save while preparing? \_\_\_\_\_

Have you filed bankruptcy or paid your bills late recently? ☐ Yes or ☐ No If Yes When? \_\_\_\_\_

How is your credit?

☐ Good ☐ Fair ☐ Poor

Referred to an officeCounselors voicemail \_\_\_\_\_ Class \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**District Council 37**  
**Municipal Employees Housing Program**

125 Barclay Street, Room

New York, NY 10007

Tel: 212-815-1814

Fax: 212-815-1110

Please bring in or mail copies of the following documents that are necessary to review your file.

**No original documents will be accepted.**

- ✓ Copy of Union Card
- ✓ Copies of most recent pay stubs (last 2 pay periods)
- ✓ Copies of most recent W2's (last two years)
- ✓ Copies of most recent tax returns, signed (last two years/all pages)
- ✓ Copies of most recent bank statements, all pages, all accounts (last two months)
- ✓ Copies of most current pension statement and/or award letter (if applicable)