Please be advised that we are a HUD-Approved Housing Counseling Agency. Our services are completely FREE to the community!

Address: 4477 S Archer Ave.
Chicago, IL 60632

Phone: (773) 523-7110
Fax: (312) 229-8933
Office Hours: Monday-Friday
9am to 4pm

Post Purchase Counseling

Client’s Name: ____________________________
Counselor’s Name: ____________________________
Appointment Date: _______________________
Time: _______________________

For assistance with your mortgage or property taxes, please bring the following documents:

Failure to bring the necessary documentation will only delay your appointment to a later day to be seen with a counselor.

List of Documents

- Valid photo identification-State of Illinois
  Driver’s License, State ID, Matricula or US Passport
- Recent 30 days of income:
  - Paystubs
  - Unemployment Benefit Letter or payment detail
  - SSI/SSDI/SSA Benefit Award Letter (2023)
  - Pension Letter
  - Workers Compensation/Temporary Disability: Award Letter
  - Rental Income: Rental leases & proof of rental receipts
  - Divorce Decree or court order for child support or alimony
  - Self-Employment: recent quarters of Profit & Loss Statement
  - Public Aid/ Welfare Benefit Letter

Other documents
- Bank statements for the last 2 months
  (All accounts and all pages)
- 2022 State & Federal Income Tax Returns w/W2
  (Signed & Dated)
- Utility Expenses: electricity, natural gas, water, cell phone, auto/life insurance, credit cards, etc.
- Recent mortgage statement (All pages)

Original closing documents:

Before October 2015
- Good Faith Estimate
- Truth-in-Lending
- HUD-1 Settlement
- Note
- Mortgage

After October 2015
- Loan Estimate
- Closing Disclosure
- Note
- Mortgage

If applicable:
- 1st & 2nd Property Tax Bill
- Homeowner’s Insurance Policy
- Refinance documents
- Loan modification agreement

Action Plan:

If you have any questions about your appointment or need to reschedule, please contact us at (773) 523-7110 and ask to speak with a team member in the Financial Services Department.

*An appointment to meet with a housing counselor will not be scheduled if you are missing 3 or more of the documents.*
I/We further authorize Brighton Park Neighborhood Council (BPNC) (Hereafter “Non-profit Agency) and its representatives to discuss information about my credit history, financial situation, employment and other information with me and with other representatives of financial institutions, or agencies, as necessary to assist me/us in improving my/our personal circumstances.

I/We further authorize Non-profit Agency and its representatives to speak with my/our lender and with whoever has servicing responsibilities for my/our loan and to provide to such parties’ documentation on my/our behalf regarding my/our loan.

I/We also authorize the lender and/or servicer handling my/our loan to verify share and collect loan information and any other documentation related to a loan refinance or/and other related programs.

I/We further authorize Non-profit Agency and/or lender and/or servicer handling my/our loan to access my/our credit report file(s) for debt/expense verification in conjunction with my/our loan refinance or/and other related programs.

Non-profit Agency agrees to maintain the confidentiality of the client(s) information; however, I/we also authorize Non-profit Agency and/or lender and/or servicer handling my/our loan to submit my/our personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

This authorization will not be valid unless signed by all applicants and co-applicants named above and will only remain valid until revoked in writing by any applicants and co-applicants named above.

Borrower’s Signature: ______________________________________ Date: ______________________

Co-Borrower’s Signature: ______________________________ Date: ______________________
This Disclosure Statement is provided by Brighton Park Neighborhood Council to all clients seeking Post Purchase Counseling from Brighton Park Neighborhood Council.

Complete list of services provided by Brighton Park Neighborhood Council in addition to counseling:

- School-based mental health counseling, case management, and crisis intervention services
- Before-and-after-school academic enrichment programming
- Youth and adult leadership training and organizing
- Public policy advocacy (violence prevention, education justice, immigration rights)
- Parent safety patrol and other violence prevention services
- Foreclosure mitigation counseling
- Homeownership Education: Pre-Purchase & Post-Purchase counseling
- Rental Counseling
- Financial Coaching and Financial Literacy workshops
- LIHEAP and Weatherization services
- Volunteer Income Tax Assistance through Ladder Up
- Affordable Care Act, SNAP, and Medical Card
- Property Tax and Homeowner Insurance Review, Property Tax Appeal

Description of any financial relationships between Brighton Park Neighborhood Council and any other industry partners: [Illinois Housing Authority Development (IHDA), UnidosUS, and The Chicago Community Trust]

As a client of Brighton Park Neighborhood Council you are not obligated to receive any other services offered by Brighton Park Neighborhood Council or its industry partners (as identified above).

Brighton Park Neighborhood Council certifies that its staff and volunteers who will provide Resolving or Preventing Mortgage Delinquency, Home Maintenance and Financial Management, Post-Purchase under the HUD Comprehensive Housing Services have no conflict(s) of interest due to any other relationships with servicers, real estate agencies, mortgage lenders and/or other entities or industry partners (whether identified above or not) that may stand to benefit from particular counseling outcomes.

Executive Director/Authorized Official Signature

Patrick Brosnan, Executive Director

Printed Name and Title

I/we hereby verify that by signing this disclosure statement I/we confirm that I/we have read the above disclosed information, and received a copy of the disclosure statement.

Borrower's Signature: _______________________________ Date: ______________________

Co-Borrower's Signature: ____________________________ Date: ______________________
Brighton Park Neighborhood Council (BPNC) 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 and signature on the Post Purchase Counseling 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

1. 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.
2. You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.
3. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (773-523-7110) and do so.

__I choose to opt-out:

I request that Brighton Park Neighborhood Council (BPNC) 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 BPNC will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Brighton Park Neighborhood Council.

Applicant’s Signature: ____________________________ Date: ________________

Co-Applicant’s Signature: _________________________ Date: ________________

Release of your information to third parties

1. 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 you, or is a requirement of grant awards which make our services possible.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. 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).
4. 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.
5. I acknowledge that I have read, received a copy of Brighton Park Neighborhood Council Privacy Policy

Borrower’s Signature: ____________________________ Date: ________________

Co-Borrower’s Signature: __________________________ Date: ________________
**Personal Information**

First name: _________________________ Last name: _________________________

Current address: _________________________ City: _________________________ State: _____ Zip code: ________

Date of birth: _____/_____/_____

Social Security #: _________-_______-_______

Home phone: (____)_________

Cell Phone #: (____)_________

Email address: _________________________

Preferred contact type: _________________________

Household size: _____ Number of Dependents: _____ Adults _____ Children

Best Time To Call:

<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Choose not to respond</th>
</tr>
</thead>
</table>

Do you live in a rural area?:

| Yes | No | Choose not to respond |

Residency Status:

| Own | Rent | Other: ______ |

How long have you live at this current address:

| year’s | months |

*In order to process your application, please complete the entire application. Please write legibly and with ink only.*

**Demographic Information:**

Gender:

| Female | Male | Non-Binary | Choose not to respond |

Marital Status:

| Single | Married | Divorced | Widowed |

Citizenship:

| Citizen | Permanent Resident | Non-Resident Alien | Choose not to respond |

Ethnicity:

| Hispanic | Not Hispanic | Choose not to respond |

Country of origin: _______________

Race:

| American Indian/Alaskan Native | Asian | Black/African American | Native Hawaiian/Pacific Islander | White | More than one race | Choose not to respond |

English Proficiency Status:

| Limited English Proficient | Not Limited English Proficient | Choose not to respond |

Active Military:

| Yes | No |

Disabled?:

| Yes | No |

If yes, do you need special arrangements?:

| Yes | No |

Preferred Language: _________________________

Highest Education Level _________________________

**Employment History:**

Are you employed?:

| Yes | No |

If yes, are you:

| Full-time | Part-time | Seasonal |

How long have you been with this employer:

| year’s | months |

Are you self-employed?:

| Yes | No |

Employer’s Name: _________________________

Address: _________________________

City: _________________________

State: ________

Zip code: ________

Office phone: (____)_________

Your title/position: _________________________

Annual salary:$ ______________

Employment start date: ____/____/____

Are you paid?: Weekly Bi-weekly Semi-monthly Monthly

Employment end date: ____/____/____

Are you unemployed?:

| Yes | No |

If yes, are you receiving benefits?:

| Yes | No |

When did you started receiving benefits: ____/____/____

**Other Sources of Income:**

1: _________________________ $____________________
Co-Applicant:

Personal Information

First name: ______________________ Last name: ______________________
Current address: __________________ City: __________________ State: ______ Zip code: ______
Date of birth: _____/_____/______
Home phone: (____)_________
Email address: ______________________

Best Time To Call:
Morning
Afternoon
Evening
Do you live in a rural area?:
Yes
No
Choose not to respond

Demographic Information:

Gender:
Female
Male
Non-Binary
Choose not to respond
Marital Status:
Single
Married
Divorced
Widowed
Citizenship:
Citizen
Permanent Resident
Non-Resident Alien
Choose not to respond
Ethnicity:
Hispanic
Not Hispanic
Choose not to respond

Country of origin: ______________________
English Proficiency Status:
Limited English Proficient
Not Limited English Proficient
Choose not to respond
Active Military:
Yes
No
Disabled?:
Yes
No
If yes, do you need special arrangements?
Choose not to respond
Preferred Language: ______________________
Highest Education Level ______________________

Employment History:

Are you employed?:
Yes
No
If yes, are you:
Full-time
Part-time
Seasonal
How long have you been with this employer:
year’s ______ months
Are you self-employed?:
Yes
No
Employer’s Name: ______________________
Address: __________________________ City: __________________ State: ______ Zip code: ______
Office phone: (____)_________
Your title/position: __________________________ Annual salary:$ __________
Are you paid?: Weekly Bi-weekly Semi-monthly Monthly
Are you unemployed?:
Yes
No
If yes, are receiving benefits?:
Yes
No
When did you started receiving benefits: _____/_____/

Other Sources of Income:

1: ______________________________________ $__________________
Bank Information:
Who is your bank? _____________________________ What is your current monthly payment? $____________
Are your property taxes and insurance included in the mortgage?  Yes  No
Have you been behind on your mortgage in the last 12 months?  Yes  No
If so, when? _______/_______ /_______
Have you file bankruptcy?  Yes  No
Is the bankruptcy active?  Yes  No
What chapter did you file?:  Chapter 7  Chapter 13
Are you seeking counseling for?  Refinance  Financial Management  Home Improvement

Other:
How did you hear about the program? ______________________________________________________________

What topics interest you?
Credit repair/ Obtaining Credit  Homeownership counseling (How much you can afford, types of mortgages, down payment & closing costs)
Landlord training  Tenant/landlord rights
Money management/Establishing a budget  Other: __________________________
Foreclosure Prevention  Foreclosure Prevention

Borrower's Signature: _______________________________ Date: ______________________
Co-Borrower's Signature: ____________________________ Date: ______________________

OFFICE USE ONLY
Documents Received By: ___________ Date: ____/____/____
## Monthly Budget/Expenses

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Sources</th>
<th>Monthly Gross</th>
<th>Monthly Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrower’s Salary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Borrower’s Salary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Aid/Food Stamps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security/SSI:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage</td>
<td>$</td>
</tr>
<tr>
<td>Homeowners Association</td>
<td>$</td>
</tr>
<tr>
<td>Electricity</td>
<td>$</td>
</tr>
<tr>
<td>Water &amp; Sewer</td>
<td>$</td>
</tr>
<tr>
<td>Natural Gas</td>
<td>$</td>
</tr>
<tr>
<td>Cellular Phone</td>
<td>$</td>
</tr>
<tr>
<td>Telephone</td>
<td>$</td>
</tr>
<tr>
<td>Food/Groceries</td>
<td>$</td>
</tr>
<tr>
<td>Auto Loan Payments</td>
<td>$</td>
</tr>
<tr>
<td>Transportation / Gasoline</td>
<td>$</td>
</tr>
<tr>
<td>Auto Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Life / Medical Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Education / Tuition / Books</td>
<td>$</td>
</tr>
<tr>
<td>Alimony / Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
</tr>
<tr>
<td>Cable</td>
<td>$</td>
</tr>
<tr>
<td>Internet</td>
<td>$</td>
</tr>
<tr>
<td>Miscellaneous Expenses (toiletries, pets etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Income Available $ __________

Total Expenses $ __________

Income after Expenses $ __________