

BRIGHTON PARK NEIGHBORHOOD COUNCIL



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

Email:

financialservices@bpncchicago.org

Office Hours:

Monday-Friday
9am to 4pm

Rental Counseling

Client's Name: _____

Counselor's Name: _____

Appointment Date: _____

Time: _____

For assistance with rental counseling, 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

Recent 30 days of income:

- ☐ Paystubs
- ☐ Unemployment Benefit Letter or payment detail
- ☐ SSI/SSDI/SSA Benefit Award Letter (2025)
- ☐ 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)
- ☐ 2023 or 2024 State & Federal Income Tax Returns w/W2
(Signed & Dated)
- ☐ Utility Expenses: electricity, natural gas, water, cell
phone, auto/life insurance, credit cards, etc.
- ☐ Rental lease/proof of rental receipts
- ☐ Hardship Letter
- ☐ Proof of Hardship
(letter from employer, medical bills, etc)

If applicable:

- ☐ Landlord Letter
- ☐ 5 day Notice

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.

BRIGHTON PARK NEIGHBORHOOD COUNCIL



4477 S. Archer Ave Chicago, IL 60632 | T: (773)523-7110 | F: (773) 523-7023/(312) 229-8933

Authorization Form

Applicant: _____

Last 4 Digits of SSN#: _____

Current Address: _____

City: _____

State: _____

Zip Code: _____

Telephone#: _____

Email: _____

Sub-Grantee Nonprofit Agency: Brighton Park Neighborhood Council:

Director of Housing & Financial Services:

Evelyn Tapia

etapia@bpncchicago.org

Housing Counselors:

Jasmine Gonzalez

jgonzalez@bpncchicago.org

Jasmin Anzo

janzo@bpncchicago.org

I authorize Brighton Park Neighborhood Council (BPNC) (Here after "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 in improving my personal circumstances and housing needs.

I/We agree to allow Brighton Park Neighborhood Council to run a soft pull of my credit report at the time of intake. Instead of a new credit pull, I agree to provide Brighton Park Neighborhood Council with a copy of my credit report dated within 30 days of the intake date with all three credit bureaus.

I hereby authorize Non-profit Agency to discuss any information related to my personal circumstances that may be necessary in our attempts to address my housing needs, and to release and /or credit, financial, employment and other information to address my housing needs. It is expressly understood that the housing counselor may make recommendations, it is my option to work with an attorney and/or other representative(s) of my choosing, and the housing counseling agency will work with such representative in assisting me to address my housing situation.

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

This authorization will not be valid unless signed below by applicant named above and will only remain valid until revoked in writing by applicant named above.

Applicant's Signature: _____

Date: _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL
AGENCY DISCLOSURE TO CLIENT

This Disclosure Statement is provided by Brighton Park Neighborhood Council to all clients seeking Rental 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 Rental Counseling 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 hereby verify that by signing this disclosure statement I confirm that I have read the above disclosed information, and received a copy of the disclosure statement.

Applicant's Signature: _____

Date: _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL

PRIVACY POLICY

Brighton Park Neighborhood Council 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 Rental 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: _____

Release of your information to third parties

1. As 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.

Applicant's Signature: _____

Date: _____



OPEN DATE: _____

UNIQUE/CASE#: _____

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

Personal Information

First name: _____

Last name: _____

Current address: _____ Apt#: _____ 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:**Do you live in a rural area?:****Residency Status:****How long have you live at this current address:**☐ Morning☐ Afternoon☐ Evening☐ Yes☐ No☐ Choose not to respond☐ Own☐ Rent☐ Other: _____ year's months**Demographic Information:****Gender:**☐ Female☐ Male☐ Non-Binary☐ Choose not to respond**Marital Status:**☐ Single☐ Married☐ Divorced☐ Widowed**Ethnicity:**☐ Hispanic☐ Not Hispanic☐ Choose not to respond**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: _____

Employment start date: ____/____/____

Address: _____

City: _____

State: _____

Zip code: _____

Office phone: (____) _____

Your title/position: _____

Annual salary:\$ _____

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: ____/____/____

Housing Information

What is your current housing arrangement:

- ☐ Rent
- ☐ Homeless
- ☐ Living with family member
- ☐ Other: _____

Are you behind on your rent?

- ☐ Yes
- ☐ No

How many months? _____

Are you related to the Landlord?

- ☐ Yes
- ☐ No

If yes, what is your relationship? _____

Landlord's Contact Information:

Landlord Full Name: _____ Phone#: _____ - _____ - _____

Please indicate your areas of interest below (check all that apply):

- ☐ I want to create a spending plan or budget
- ☐ I want to learn about managing my money
- ☐ I want to repair or establish credit
- ☐ I want to learn about tenants' rights

I want to save for:

- ☐ Buying a House
- ☐ Vacation
- ☐ Emergencies or rainy day fund
- ☐ My Education
- ☐ My Child's Education
- ☐ Pay off my debt
- ☐ Buying a car
- ☐ My Retirement

Service Request:

- ☐ Rental Assistance
- ☐ Eviction Process
- ☐ Lease
- ☐ Fair Housing
- ☐ Eviction Notices
- ☐ Credit Check
- ☐ Utility Assistance
- ☐ Referral: _____
- ☐ Other: _____

Other Information:

Check the public benefits you or anyone in your household currently receives:

- ☐ SNAP
- ☐ LIHEAP
- ☐ TANF
- ☐ Medicaid
- ☐ Medicare
- ☐ Other: _____

How did you hear about the program

- ☐ Flyer/Poster
- ☐ Social Media/Internet
- ☐ Non-profit Organization
- ☐ Family/Friend
- ☐ Real Estate Agent
- ☐ Loan Officer
- ☐ Community Based Event
- ☐ Other Organization
- ☐ Other: _____

Applicant's Signature: _____

Date: _____

OFFICE USE ONLY

Documents Received By: _____

Date: ____/____/____

Monthly Budget/Expenses

Monthly Income	Sources	Monthly Gross:	Monthly Net:
Borrower's Salary			
Co-Borrower's Salary			
Public Aid/Food Stamps			
Social Security/SSI:			
Rental Income			
Other income			

Monthly Expenses	Amount
Rent	\$
Homeowners Association	\$
Electricity	\$
Water & Sewer	\$
Natural Gas	\$
Cellular Phone	\$
Telephone	\$
Food/Groceries	\$
Auto Loan Payments	\$
Transportation / Gasoline	\$
Auto Insurance	\$
Life / Medical Insurance	\$
Education / Tuition / Books	\$
Alimony / Child Support	\$
Clothing	\$
Cable	\$
Internet	\$
Miscellaneous Expenses (toiletries, pets etc.)	\$
Other (specify)	\$
Other (specify)	\$

Total Income Available \$ _____

Total Expenses \$ _____

Income after Expenses \$ _____