

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

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

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.

- ☐ 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.

BRIGHTON PARK NEIGHBORHOOD COUNCIL



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

Authorization Form

Borrower: _____
Co-Borrower: _____
Current Address: _____
State: _____
Telephone#: _____
Lender/Servicer: _____
Loan Type: Conventional () FHA () VA ()

Last 4 Digits of SSN#: _____
Last 4 Digits of SSN#: _____
City: _____
Zip Code: _____
Email: _____
Loan #: _____

Sub-Grantee Nonprofit Agency: Brighton Park Neighborhood Council:

Director of Housing & Financial Services:
Housing Counselors:

Evelyn Tapia
Jasmine Gonzalez
Jasmin Anzo

etapia@bpncchicago.org
jgonzalez@bpncchicago.org
janzo@bpncchicago.org

I/We further 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/us in improving my/our personal circumstances.

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/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: _____

BRIGHTON PARK NEIGHBORHOOD COUNCIL
AGENCY DISCLOSURE TO CLIENTS

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

PRIVACY POLICY

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: _____



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: _____ 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☐ Yes☐ Own year's months☐ Afternoon☐ No☐ Rent☐ Evening☐ Choose not to respond☐ Other: _____**Demographic Information:****Gender:****Marital Status:****Ethnicity:****Race:**☐ Female☐ Single☐ Hispanic☐ American Indian/Alaskan Native☐ Male☐ Married☐ Not Hispanic☐ Asian☐ Non-Binary☐ Divorced☐ Choose not to respond☐ Black/African American☐ Choose not to respond☐ Widowed☐ Native Hawaiian/Pacific Islander☐ White☐ More than one race☐ Choose not to respond**English Proficiency Status:****Active Military:****Disabled?:****If yes, do you need special arrangements?**☐ Limited English Proficient☐ Yes☐ Yes☐ Yes☐ Not Limited English Proficient☐ No☐ No☐ No☐ Choose not to respond

Preferred Language: _____

Highest Education Level _____

Employment History:**Are you employed?:****If yes, are you:****How long have you been with this employer:****Are you self-employed?:**☐ Yes☐ Full-time year's months☐ Yes☐ No☐ Part-time☐ No☐ Seasonal

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?:**If yes, are you receiving benefits?:**

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

☐ Yes☐ Yes☐ No☐ No**Other Sources of Income:**

1: _____ \$ _____

Co-Applicant:

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: Do you live in a rural area?: Residency Status: How long have you live at this current address:
☐ Morning ☐ Yes ☐ Own _____ year's _____ months
☐ Afternoon ☐ No ☐ Rent
☐ Evening ☐ Choose not to respond ☐ Other: _____

Demographic Information:

Gender: Marital Status: Ethnicity: Race:
☐ Female ☐ Single ☐ Hispanic ☐ American Indian/Alaskan Native
☐ Male ☐ Married ☐ Not Hispanic ☐ Asian
☐ Non-Binary ☐ Divorced ☐ Choose not to respond ☐ Black/African American
☐ Choose not to respond ☐ Widowed ☐ Native Hawaiian/Pacific Islander
☐ White
☐ More than one race
☐ Choose not to respond

English Proficiency Status: Active Military: Disabled?: If yes, do you need special arrangements?
☐ Limited English Proficient ☐ Yes ☐ Yes ☐ Yes
☐ Not Limited English Proficient ☐ No ☐ No ☐ No
☐ Choose not to respond

Preferred Language: _____ Highest Education Level _____

Employment History:

Are you employed?: If yes, are you: How long have you been with this employer: Are you self-employed?:
☐ Yes ☐ Full-time _____ year's _____ months ☐ Yes
☐ No ☐ Part-time ☐ No
☐ Seasonal
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?: If yes, are you receiving benefits?: When did you started receiving benefits: ____/____/____
☐ Yes ☐ Yes
☐ No ☐ No

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

☐ Landlord training

☐ Money management/Establishing a budget

☐ Foreclosure Prevention

☐ Homeownership counseling (How much you can afford, types of mortgages, down payment & closing costs)

☐ Tenant/landlord rights

☐ Other: _____

Borrower's Signature: _____

Date: _____

Co-Borrower'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
Mortgage	\$
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 \$ _____