



**CENTRAL JERSEY
HOUSING RESOURCE CENTER**

501(c)(3) non-profit organization & HUD Agency

Jennifer Laterra, President

Sharon Clark, Executive Director

Central Jersey Housing Resource Center - PROGRAM DISCLOSURE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of Housing Counseling.

I/We understand that the purpose of the Central Jersey Housing Resource Center (CJHRC) housing counseling program is to provide counseling to help our housing/financial goal(s). I/We understand my counselor will need to analyze my financial and credit situation, identify those barriers preventing me/us from obtaining our housing/financial goals and help develop a plan to remove those barriers. I/We further understand that it will not be the responsibility of the counselor to resolve the problem but rather to provide guidance and education to empower me/us in correcting those issues preventing me/us from meeting our housing/financial goals. In addition to providing comprehensive housing counseling services for homebuyers, homeowners and renters, Central Jersey Housing Resource Center (CJHRC) offers the following services and programs: * Fair Housing, * Legal Consultation Program, *Savings Match Program and * outreach for Seniors. * Administrative Agent Services for Affordable Sale, Resale or Rental Units for Towns under a Fee for Service Contract.

Client's Responsibility

I/We understand that it is our responsibility to work in conjunction with CJHRC and their staff during the counseling process and that failure to cooperate will result in the discontinuation of the counseling program.

Disclosures

I/We understand Central Jersey Housing Resource Center (CJHRC) is committed to offering clients a variety of counseling services and programs. I/We further understand that Central Jersey Housing Resource Center also maintains affiliations, funding sources, partnerships, and working relationships with other public and private community organizations which could create a conflict of interest. Your

Financial support for the CJHRC's Housing Counseling Program has recently or is currently being provided by the following industry partners:

Bank of America, Bridgeway Senior Healthcare, Megan Bonanno, Roxanne Camejo, Capital One, William & Nancy Carey, Bette Chaves, Citizens Philanthropic Foundation, Inc., The Clark Family, The Collins Family, Columbia Bank Foundation, Kimberly Cowart, Cheryl Davis, Harris Faqueri, Federal Home Loan Bank of New York (FHLB NY), Fetzko Group, Alexander Fisher, Esq., Franklin Township CDBG, Fulton Bank, N.A., John Gatto, Dr. Mathia & Marion Hagovsky, The Horowitz Family, HUD, Investors Foundation, Ed Israelow, Esq. & Arlene Gardner, Audrey Jankucic, Johnson & Johnson SC Companies, Jerry & Lorraine Kienlan, KearnyBank Foundation/Kearny Bank, Micah Kroloff, Esq., Jennifer Laterra, Marc Leckington, Danielle M. Lozito, Esq., M&T Charitable Foundation/M&T Bank, MagyarBank Charitable Foundation/Magyar Bank, Heather Mahaley, Ed Mahn, CLU, ChFC, Hon. Joseph H. Metelski, Millenium Home Mortgage, LLC, Minuteman Press, John & Peg Mooney, Peter Mwaura, Kenneth & Cheryl Myers, NJM Insurance Group, New Brunswick Tomorrow, Andy & Jen Nowack, OceanFirst Foundation, PNC Foundation, Peapack-Gladstone Bank, Premier Development, PSEG Foundation, RWJ Barnabas Health, Raritan Valley Habitat for Humanity, Diane Rivard, Shanel Robinson, Santander Bank, N.A., Jodi R. Schoenlank, Sital J. Shah, Esq., SC Dept. of Human Services, Somerset County Home Grant, Somerset Regal Bank, Yves Snoecks, State Farm, Synchrony Bank, TD Charitable Foundation, The Bank of Princeton, The Provident Bank Foundation, The Tyler Foundation, Wells Fargo Foundation, James Vassanella, James M. Wood, CPA, Susan Yaniro, and Marcia Polgar Zalewski, LLC.

Permission to Collect and Share Information

As a condition to receiving CJHRC housing/counseling services, you must allow information collected by our staff to be shared between HUD, Department of Human Services, Legal Services of Northwest Jersey and other CJHRC grant funders/providers to review your electronic and/or paper records in order to establish eligibility in programs or as proof of CJHRC's services provided



to you/your household. Your responses on this form will be held in strict confidence and used only to verify that CJHRC is meeting the requirements of the grant programs they receive funds from.

Client Choices

I/We understand CJHRC is committed to offering clients a variety of information and there is no obligation to use products or services of CJHRC or its partners/supporters. I/We understand that I/We are free to choose a product or abstain from doing so, and that receiving housing counseling services from the agency is not contingent on the use of any product or service.

Alternative Services, Programs and Products.

CJHRC Counselors, as appropriate, refer clients to other community service organizations. These referrals may be helpful and a good resource/option for the client/household. Clients are provided with a community resource list which outlines emergency shelter programs, financial assistance, transitional housing information, free medical assistance as well as other programs and resources offered in Somerset & Hunterdon County and the surrounding region. As appropriate clients may also be referred to CJHRC’s deed retracted lender list, financial institution list, Realtor list, attorney and/or home inspection lists.

CLIENT VERIFICATION FORM - CJHRC has benefited by funding provided by the Municipality of Franklin Township Community Development Block Grant as well as other funders such as Somerset County Human Services. These programs require that all applicants must complete the following verification. If you have questions you are entitled to contact these grant administrators or CJHRC.

Household Size: The total number of persons, related or not related including children, living in your household? _____

Do you live in Somerset County? Yes _____ No _____ If not what County _____

Do you work in Somerset County? Yes _____ No _____ If no what County _____

For Statistical Purposes only. Please indicate your racial/ethnic group below.

American Indian/Alaskan Native _____ Asian _____ Asian & White _____
 Black/African American _____ Chose Not to Respond _____
 Black/African American & White _____ Native Hawaiian or Other Pacific Islander _____
 White _____ American Indian or Alaskan Native & White _____
 American Indian or Alaskan Native & Black/African American _____ More Than One Race _____

Hispanic Yes _____ No _____

Age: Please circle age range: 21-29 30-34 35-39 40-44 45-49 50-54 55-61 62+

Are you or the head of household disabled? Yes No

Female Head of Household: Households that consist of at least two people, if the principal provider is female? (For single person households, including widows and single women living alone, circle no.) Yes Not Applicable

Household Size and Income: Circle the appropriate column for your family size and household income

Category	1	2	3	4	5	6
Very Low (0-30%)	0-\$30,000	0-\$34,300	0-\$38,600	0-\$42,800	0-\$46,300	0-\$49,750
Low (30-50% AMI)	\$30,001-\$50,050	\$34,301-\$57,200	\$38,601-\$64,350	\$42,801-\$71,450	\$46,301-\$77,200	\$49,751-\$82,900
Moderate (50-80% AMI)	\$50,051-\$66,750	\$57,201-\$76,250	\$64,351-\$85,800	\$71,451-\$95,300	\$77,201-\$102,950	\$82,901-\$110,550
Median (80+% AMI)	Over \$66,750	Over \$76,250	Over \$85,800	Over \$95,300	Over \$102,950	Over \$110,550

This is to acknowledge that I have received, reviewed, and understand CJHRC’s Housing Counseling Program Disclosure and I hereby certify that this information is accurate, true and complete to the best of my knowledge, acknowledge that willfully false or misleading information may subject me to sanctions as permitted by law; and understand that this information is subject to verification by the Company and/or the Federal Government.

Client Signature

Date

Client Signature

Date

Counselor (Print name & Sign)

Date