



Future Homeowner,

Congratulations on taking steps towards homeownership. Neighborhood Partnership Housing Services is a HUD approved non-profit organization. Our NeighborWorks® Homeownership Center offers a variety of services to help you purchase a home.

Our Homebuyer Educators and Housing Counselors will gladly meet with you to assess your financial situation and advise you on what steps need to be taken to purchase a home.

In order to provide effective and efficient service, we will require you to complete this packet as thoroughly as possible. All documents included in this packet have been carefully chosen to ensure that our counselors have the adequate information to advise you responsibly.

Please let our Homebuying Staff know the urgency of your needs. Our counselors will be able to provide immediate assistance if you have a fast approaching escrow closing date. We take pride in assisting future homeowners and we hope to help you on your route to sustainable and responsible homeownership.

Sincerely,

Homeownership Center Staff



9551 Pittsburgh Avenue,  
Rancho Cucamonga, CA 91730  
Tel. 909.988.5979  
Fax. 909.545.4694  
www.nphsinc.org

## NPHS PERSONAL PROFILE INTAKE FORM

**CUSTOMER**

**Please Print Clearly**

Name: \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City State Zip Code

How long have you lived at this residence? \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Birth Date

**Race** (please circle):

- |   |   |
|---|---|
| 1. White                                    | 2. Black or African American                |
| 3. American Indian/Alaskan Native           | 4. Asian                                    |
| 5. Native Hawaiian/Other Pacific Islander   | 6. American Indian/Alaskan Native and White |
| 7. Asian and White                          | 8. Black/African American and White         |
| 9. American Indian/Alaskan Native and Black | 10. Other                                   |

**Ethnicity** (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

**Hispanic:** Yes No

If Yes, Circle One of the following: Puerto Rican, Cuban, Mexican/Chicano, Other Hispanic/Latino

**Place of Birth:** \_\_\_\_\_

**Marital Status** (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

**Gender** (please circle): Male Female

**Disabled?** Yes No

**Current Housing Arrangement** (please circle):

- |                                     |  |
|-------------------------------------|--|
| 1. Rent                             | 2. Homeless                                      |
| 3. Homeowner with mortgage          | 4. Living with family member and not paying rent |
| 5. Homeowner with mortgage paid off |  |

**Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?**

Yes No

**Household Type (please select the most accurate)?**

1. Female headed single parent household    2. Male headed single parent household    3. Single adult  
4. Two or more unrelated adults    5. Married with children    6. Married without children    7. Other

**Family/Household Size:** \_\_\_\_\_ **How many dependents** (other than those listed by any co-borrower)? \_\_\_\_\_

What ages are they? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Are there non-dependents who will be living in the home?**                      Yes                      No                      If yes, list below:

Relationship _____	Age _____	Relationship _____	Age _____
--------------------	-----------	--------------------	-----------

**Annual Family or Household Income:** \$ \_\_\_\_\_

**Education** (please circle one):

- |                              |                                      |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College          | 4. Bachelors Degree                  |
| 5. Masters Degree            | 6. Above Masters Degree              |

Referred to by (please circle all that apply):

- |                     |         |            |       |                   |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank    | Government | TV    | Realtor           |
| Staff/Board member  | Walk-In | Friend     | Radio | Newspaper Article |

If referred by another source not listed above, which one? \_\_\_\_\_

**CO-APPLICANT**

Name: \_\_\_\_\_  
                    First    MI    Last

Street \_\_\_\_\_

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

Home: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number                      Birth Date

**Race** (please circle):

- |   |   |                                     |
|---|---|-------------------------------------|
| 1. White                                    | 2. Black or African American              | 3. American Indian/Alaskan Native   |
| 4. Asian                                    | 5. Native Hawaiian/Other Pacific Islander |                                     |
| 6. American Indian/Alaskan Native and White | 7. Asian and White                        | 8. Black/African American and White |
| 9. American Indian/Alaskan Native and Black | 10. Other                                 |                                     |

**Ethnicity** (please select “yes” or “no” for Hispanic Origin. You should select both a “Race” category and a “yes” or “no” for Hispanic origin:

**Hispanic:** Yes    No

**Marital Status** (please circle):                      Single                      Married                      Divorced                      Separated                      Widowed

**Gender** (please circle):                      Male                      Female

**Disabled?**                      Yes                      No

**Education** (please circle one):

- |                              |                                      |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College          | 4. Bachelors Degree                  |
| 5. Masters Degree            | 6. Above Masters Degree              |

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend Boyfriend Mother Father  
Other: \_\_\_\_\_

**CUSTOMER EMPLOYMENT — Last 2 Years**

Please Print Clearly

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date

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

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_ **How many years in this line of work?** \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

Previous Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Length of Employment

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

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date

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

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Hire Date

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

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

Previous Employer: \_\_\_\_\_

\_\_\_\_\_  
 Title Length of Employment

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

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Secondary Employer: \_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
 Part-Time or Full-Time (Please Circle)  
 Gross Income (before taxes): \$ \_\_\_\_\_  
 Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

**INCOME** **Please Print Clearly**

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTOMER		CO-APPLICANT	
Can you document your child support/alimony income? If yes, how long will it continue?	Yes	No	Yes	No
	_____		_____	
If your child or a family member receives SSI, how many more years will the payments continue?				
	_____		_____	
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

**LIABILITIES/DEBT**

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
	Yes	No	Yes	No
Have your payments been made on time?				
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				
Have you had your credit report ran recently?	Yes	No	Yes	No
If yes, what are your credit scores?	_____		_____	
What maximum housing payment are you comfortable making? (This amount includes Principal, Interest, Taxes, and Insurance)			\$_____	

**LIVING EXPENSES**

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite T.V.		
Other Living Expenses		

Please list the approximate value of the following:

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes      No  
 If yes, how much? \$ \_\_\_\_\_

**ADDITIONAL INFORMATION**

	<b>CUSTOMER</b>		<b>CO-APPLICANT</b>	
Have you owned a home in the last three (3) years?	Yes	No	Yes	No
Are you a Veteran?	Yes	No	Yes	No
Do you have a contract on a house at this time?	Yes	No		
Are you currently working with a real-estate agent?	Yes	No		
Most convenient time for an individual appointment?	___ AM		___ PM	

**AUTHORIZATION**

I authorize NPHS HomeOwnership Center to:

- (a) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

<b>For Counselor Use Only:</b>	
Applicant(s) is pre-qualified for an approximate loan amount of :	\$ _____
Counselor Name: _____	Date: _____



**Neighborhood Partnership Housing Services  
Disclosure of Programs and Services**

NPBS receives funding from HUD under the Housing Counseling Program as well as funding from Bank of America, JPMorgan Chase, Comerica Bank, Citi Foundation, Wells Fargo, Fannie Mae and Freddie Mac. NPBS is also an approved Freddie Mac Borrower Help Center and a member of the Fannie Mae Mortgage Help Network. NPBS clients are under no obligation to use any of the above stated organizations for any type of services.

You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties, that is, direct us not to make those disclosures.

If you choose to “opt-out”, we will not be able to answer questions from our partners. If at any time you wish to change your decision with regard to your “opt-out”, you may call us at (909) 988-5979 and do so. **Please initial below to accept or decline disclosure to NPBS third party partners. NPBS receives funds from partners that enable us to provide assistance to families in need. NPBS is contractually required to provide non-personal information regarding our performance and demonstrate adherence to the rules and regulations, regarding foreclosure education and counseling, to ensure that clients receive appropriate assistance.**

Please Initial below:

Primary Client:

Co-Client

To Accept \_\_\_\_\_ To Decline \_\_\_\_\_

To Accept \_\_\_\_\_ To Decline \_\_\_\_\_

I understand that Neighborhood Partnership Housing Services (NPBS) provides homebuyer education and counseling, down payment assistance loans and grants, and I am under no obligation to use NPBS programs and services.

I understand that NPBS does not receive referral fees from any lenders in the “Approved Lenders” list and I am under no obligation to use any particular lender.

I understand that NPBS does not have financial arrangements with its volunteer instructors and I am under no obligation to receive services from the volunteers and other NPBS community partners.

I understand that I am under no obligation to utilize the services of Neighborhood Partnership Housing Services’ partners (i.e., lenders, realtors, and insurance).

I further understand that I am under no obligation to use the services and, or, loan programs provided by Neighborhood Partnership Housing Services.

I understand that NPBS owns sells properties and I am under no obligation to purchase those properties and that there are other alternative sources of homes for purchase.

\_\_\_\_\_  
Primary Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client

\_\_\_\_\_  
Date



## Counseling Agreement (page 1 of 2)

**Neighborhood Partnership Housing Services (NPHS)** 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 verbally and in writing will be managed within legal and ethical considerations. Your "non-public 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 **Disclosure of Programs and Services**. We may also use anonymous aggregated case file information for the purposes of evaluating our services, gathering valuable research information for designing future programs.

### Types of Information that we gather about you

- Information we receive from you verbally, 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 usages.
- Information we receive from credit reporting agencies, such as your credit history.

### Release of your Information to third parties

1. So long as you have not opted-out per the **Disclosure of Programs and Services** form, 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 also disclose non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to non-public 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 non-public personal information.

**Neighborhood Partnership Housing Services** and its counselors agree to provide the following services:

- Assess current financial situation
- Analysis of mortgage default, including the amount and cause of default
- Development of an action plan
- Presentation and explanation of reasonable options available to the homeowner
- Presentation and negotiation of possible remedies with mortgage servicers
- Assistance in communication with the mortgage servicer and other creditors
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services
- As the final outcome lies with the servicer, our counselors are not able to guarantee and solution.

**Counseling Agreement (page 2 of 2)**

I/We, \_\_\_\_\_ agree to the following terms of service:

1. I/We understand that **Neighborhood Partnership Housing Services** provides foreclosure mitigation counseling after which I/We will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.
  2. I/We understand that **Neighborhood Partnership Housing Services** receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
  3. I/We give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and the end of the fiscal year and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and the end of the fiscal year for the purpose of program evaluation.
  4. I/We acknowledge that I/We have received a copy of **Neighborhood Partnership Housing Services: Disclosure of Programs and Services**, included in this Home Preservation Packet.
  5. I/We may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to help with particular concerns that have been identified. I/We understand that I/We am not obligated to use any of the services offered.
  6. A Counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.
  7. I/We understand that **Neighborhood Partnership Housing Services** provides information and education on numerous loan products and housing programs and I/We further understand that the housing counseling I/We receive from **Neighborhood Partnership Housing Services** is no way obligated me/us to choose any of these particular loan products or housing programs.
- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
  - I/We will provide all necessary documentation and follow-up information within the timeframes requested.
  - I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
  - I/We understand that repeated no-shows or excessive cancellations may result in cancellation of services.
  - I/We understand that I/We **must** have an appointment to meet with counselor and that should I/We walk-in I/We will be given an appointment for a later date and time.
  - I/We understand that once I/We are an established client I/We may drop off documentation and that counselor availability is **not** guaranteed without an appointment.
  - I/We will call within 6 hours of a scheduled appointment if I/We will be unable to attend an appointment.
  - I/We will contact the counselor about any changes in our situation immediately.
  - I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

\_\_\_\_\_  
Primary Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

## PRIVACY POLICY

Neighborhood Partnership Housing Services takes the financial privacy of its customers very seriously. This notice describes our policy on collection and disclosure of personal non-public information. Personal non-public information, as used in this notice, means information that identifies an individual personally, and is not otherwise publicly available information. During the course of counseling and processing your application, we accumulate non-public personal information from you and from other sources about your income, your assets, and your credit history in order to allow Neighborhood Partnership Housing Services the necessary information to advise you and to make an informed decision regarding your case.

### Information We Collect

We collect personal, non-public information regarding you to help support our lending and counseling operations, and to aid you in shopping for and obtaining a home mortgage. We request such information from the following sources:

- Homebuyer Education, Counseling, and Lending Intake Forms
- Required and requested Documents
- Consumer credit reporting agencies
- HUD-1 Settlement Statements

### Information We May Disclose

We may disclose the following:

- Information from your applications and other forms, such as your name, address, social security number, assets and income
- Information that we receive from required and requested Documents
- Information we receive from a consumer credit reporting agency, such as your creditworthiness, credit score, or credit history

### To Whom We May Disclose

We may also disclose personal non-public information to third parties as permitted by law. We may disclose your personal, non-public information, to the following third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans
- Government and private agencies such as Housing and Urban Development (HUD) and Neighbor Works America (NWA), but only for purposes of program reviews, auditing, research and oversight purposes
- Real Estate affiliates and/or Realtors and Real Estate Developers in connection with your purchase transaction

### Confidentiality and Security

We restrict access of your non-public personal, information about you to our employees who need to know that information to provide products or services to you, including but not limited to underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and counseling. We maintain physical, electronic, and procedural safeguards that comply with HUD regulations to guard your personal non-public information. We do not disclose customer information to companies that perform marketing services.

## PRIVACY CHOICES

### Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose your personal non-personal non-public information to unaffiliated third parties, you may opt out of those disclosures. You may direct us not to make those disclosures (other than disclosures permitted by law). You may opt out as follows by requesting so in writing:

1. Limit disclosures of personal, non-public information about me to unaffiliated third parties other than non-profit organizations involved in community development.
2. Limit disclosures of personal, non-public information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

If you want to opt out, that is, if you want to direct us not to use your personal information (other than disclosures permitted by law) as described in this notice, you may do so by contacting Neighborhood Partnership Housing Services Staff.

Primary Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



**Authorization, Verification, and Disclosure:**

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**I authorize** Neighborhood Partnership Housing Services:

- 1) Pull my credit report to review my credit file for housing counseling in connection with my pursuit of a loan to purchase real property;
- 2) Pull my credit report and review my credit file for informational inquiry purposes;
- 3) Obtain a copy of the HUD-1 settlement statement when I purchase a home from the lender who made me a loan or the title company that closed the loan.

**I understand that** Neighborhood Partnership Housing Services provides homebuyer education and counseling, down payment assistance loans and grants, and I am under no obligation to use Neighborhood Partnership Housing Services programs and services.

**I understand** that Neighborhood Partnership Housing Services does not receive referral fees from any lenders in the "Approved Lenders" list and I am under no obligation to use any particular lender.

**I understand** that Neighborhood Partnership Housing Services does not have financial arrangements with its volunteer instructors and I am under no obligation to receive services from the volunteers and other Neighborhood Partnership Housing Services.

**I understand** that I am under no obligation to utilize the services of Neighborhood Partnership Housing Services (i.e., lenders, realtors, and insurance).

**I understand** that I am under no obligation to use the services and, or, loan programs provided by Neighborhood Partnership Housing Services.

**I understand** that Neighborhood Partnership Housing Services owns and sells properties and I am under no obligation to purchase those properties and that there are other alternative sources of homes for purchase.

**I hereby verify** this information to be true and accurate to the best of my knowledge, and if asked can prove accuracy of the information.

Primary Applicant Name (Print)	
Primary Applicant Signature	Date

Co- Applicant Name (Print)	
Co-Applicant Signature	Date

## Required Documents

Our Homebuyer Educators and Counselors will need the following documents to advise you adequately. Please provide copies of all required documents, and keep original documents for your personal records. These documents are to be submitted to Neighborhood Partnership Housing Services Staff prior to getting an appointment scheduled.

Four (4) Most Recent Earning Statements  
-or-  
Year to Date Profit or Loss Statements

Most Recent Three Years of Tax Returns, W-2s, or 1099s

Last three (3) months of Bank Statements  
(Please verify that all pages are provided)

Credit Report  
(NPHS provides credit reports at the cost of \$20 per person. We accept cash or checks.)

If Applicable please provide:

A Signed 4506-T

Bankruptcy Discharge Letters

Hardship Letter (for Back to Work Program)

Homebuyer Educators and our Counselors may not be able to initiate and continue services without these documents.

**Please return documents by:**

**Fax to (909) 545-8694,**

**Email to [Jessica@nphsinc.org](mailto:Jessica@nphsinc.org),**

**Mail or drop off to 9551 Pittsburgh Avenue, Rancho Cucamonga, CA 91730**