

Northwest Regional Housing Authority

317 Industrial Park Road – Harrison, Arkansas 72601 – (P) 870-743-6779 (F) 870-741-9246

PLEASE PRINT CLEARLY FOR PROMPT PROCESSING

Applicant

Name _____
 First Middle Last Social Security # Date of Birth Age

Address/City/State/Zip _____ Years at this Address _____

Previous Address/City/State/Zip _____

Preferred Contact Method: Phone / Text / Email Phone # (____) _____ Gender: M / F

Email Address: _____ US Citizen: Yes or No

Head of Household? Yes / No Chose One: Hispanic / Not Hispanic / Choose not to respond

Race: White / American Indian / Asian / Black / African American / Choose not to respond

Do you receive rental assistance? Yes / No Marital Status: Married / Separated / Divorced / Single / Other

Current Residence Status: renter / homeowner / homeless / living with relative or friend

Level of Education: high school diploma / 2 year college / 4 year college / GED / trade school / other

Do you live in a rural area? Yes / No / Not Sure Veteran: Yes / No Active Military: Yes / No

Disabled: Yes / No Disabled Dependent: Yes / No Are you Currently Employed? Yes / No

Co-Applicant

Name _____
 First Middle Last Social Security # Date of Birth Age

Address/City/State/Zip _____ Years at this Address _____

Previous Address/City/State/Zip _____

Preferred Contact Method: Phone / Text / Email Phone # (____) _____ Gender: M / F

Email Address: _____ US Citizen: Yes or No

Head of Household? Yes / No Chose One: Hispanic / Not Hispanic / Choose not to respond

Race: White / American Indian / Asian / Black / African American / Choose not to respond

Level of Education: high school diploma / 2 year college / 4 year college / GED / trade school / other

Disabled: Yes / No Are you Currently Employed? Yes / No

Relation to Applicant: _____



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Employment Information:

Applicant			
Current Employer	Job Title	Start Date	Address & Phone Number
Previous Employer	Job Title	Start Date – End Date	Address & Phone Number
Co-Applicant			
Current Employer	Job Title	Start Date	Address & Phone Number
Previous Employer	Job Title	Start Date – End Date	Address & Phone Number

Other Information:

Which Program or Service are you applying for? (Check at least one)

- 502 Direct Loan to Purchase an Existing Home
- Mutual Self-Help Housing
- Housing/Credit Counseling

How did you hear about us?

- Newspaper
- Radio
- TV
- Facebook
- Brochure
- Agency Referral: _____
- Family/Friend: _____
- Staff/Board Member: _____
- Other: _____



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Household Information:

Please List ALL Household Members and Provide Income Information for All Adult Household Members.

(If you are unsure of the monthly income amount, provide the hourly rate and average weekly hours worked.)

Name	Age	Relation to Applicant	Income Source	Monthly Amount	Rate Per Hour	Hours Worked Per Week

Additional Monthly Income Sources:

SNAP _____
 Child Support _____
 Alimony _____
 Other _____

Location of desired housing: _____ Desired house payment: \$ _____

Current Rent / Mortgage Amount: \$ _____ Assistance Amount (if any): \$ _____

Preferred Method of Contact (Circle One): Phone / Text / Email

Phone: _____ **Text?** _____

Email: _____

Mail: _____



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Northwest Regional Housing Authority Housing Counseling Disclosure Statement

Read & Initial

_____ **Types of Counseling Provided**

Counseling of clients include: Fair Housing Pre-purchase Education Workshops, Predatory Lending Education Workshops, Pre-purchase Homebuyer Education Workshops, Resolving/Preventing Mortgage Delinquency Workshops, Financial Management/Budget One-On-One Counseling for Homeowners, Home Improvement & Rehabilitation One-On-One Counseling, Non-delinquency Post Purchase Workshops for Homeowners, Fair Housing One-On-One Counseling, Rental One-On-One Counseling, and Rental education workshops.

_____ **Counseling Methods**

Methods of counseling services will be offered in all types of settings including one-on-one counseling, group counseling, or class room environment. Phone counseling and counseling at a location other than the NWRHA offices is available, as long as privacy is available. These locations will be evaluated on a case-by-case basis.

Group counseling sessions will require class participation and include examples of income and family situations that may or may not be similar to your own. Your private information will never be shared with a class or anyone without your written consent.

_____ **Disclosures**

Your name, address, and other personal information will be part of a data base that will be part of the Housing Counselors file as required by HUD.

Northwest Regional Housing Authority (NWRHA) often partners with businesses and organizations' whose expertise is vital to the program. NWRHA does not endorse the products that these partners represent and the client is not obligated in any way to the products or services offered by any partners.

NWRHA offers the following programs, in addition to Housing Counseling: *502 Direct Loan Packaging, Mutual Self-Help Housing Program, Self-Help Housing Rehabilitation, Section 8 Rental Assistance, Multi-Family Rental Unit Management & Family Self-Sufficiency Savings Program*. The client is not obligated to receive any services offered by NWRHA. NWRHA is not obligated to provide services to clients.

Client information will only be shared with relevant third parties once the client has completed the authorization form releasing the requested information.

By signing below you are stating that you have read and understand the content of this Disclosure Statement.

Participant Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____



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Northwest Regional Housing Authority Housing Counseling Credit Authorization

I/We hereby authorize Northwest Regional Housing Authority (NWRHA) to verify my/our past and present employment earning record, bank accounts, and any other assets needed throughout the housing counseling process.

I/We furthermore authorize Northwest Regional Housing Authority (NWRHA) to order a credit report and verify other credit information, including non-traditional credit accounts such as utilities & rental history directly from the service provider.

By signing below you are stating that you have read, understand & agree to the content of this Credit Authorization.

Participant Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

Office Use Only Below This Line

Information Requested From: _____

Customer Name: _____

Account Number: _____

Notes / Comments:

See Authorization Above.

Please send correspondence regarding the above request to: Becky Richardson via email, becky@nwregionalhousing.org or fax 870-741-9246. If you have any questions, contact Becky at 870-743-6779.

Becky Richardson

Director of Housing Counseling
Northwest Regional Housing Authority



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Northwest Regional Housing Authority Housing Counseling Office Release

You will primarily be working with your assigned counselor. In an effort to better serve you, it may be necessary that your file occasionally be accessed by other counselors employed by Northwest Regional Housing Authority.

By signing below, you acknowledge that all NWRHA Counselors have access to your file and that your situation may be discussed with other counselors and staff.

Participant Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____

