

## Neighborhood Stabilization Program (NSP) Jurisdiction Checklist

Date of Referral \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Select one jurisdiction/subrecipient:

City of Wilmington  New Castle County  City of Dover  Kent County Levy Court  Sussex County

The following documents are included in the NSP package for the following client(s):

\_\_\_\_\_  
Client/Borrower

\_\_\_\_\_  
Client/Co-Borrower

- Completed *NSP Jurisdiction Referral Application* signed by Housing Counselor;
- Completed *NSP Client Release Form* signed by Client(s);
- *Equal Opportunity Data Collection Form* signed by Client(s); and
- Income documentation (examples include paystubs, tax returns, award letters, bank statements showing direct deposit, etc.)

The following document(s) are not included in package:

\_\_\_\_\_  
\_\_\_\_\_

Reason document(s) are not included in package:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following document(s) will be provided by the client:

\_\_\_\_\_  
\_\_\_\_\_

Based on the information provided by the client and the guidelines set forth by the DSHA, the applicant(s) may participate in the NSP.

# Neighborhood Stabilization (NSP) Jurisdiction Referral Application

Instructions: Please complete Sections 1 through 3, and 4 if applicable, as thoroughly as possible.

## 1. Select one jurisdiction of interest:

City of Wilmington  New Castle County  City of Dover  Kent County Levy Court  Sussex County

## 2. Have you located a property? No Yes, what is the mailing address?

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 3. BORROWER INFORMATION

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  M  F  
Marital Status  Married  Separated  Unmarried/Single/Divorced  
Race  White  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  
Current Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
Residency Status  Rent, amount \$ \_\_\_\_\_ /mo  Own, amount \$ \_\_\_\_\_ /mo Occupancy \_\_\_\_\_ years \_\_\_\_\_ months  
# of dependents \_\_\_\_\_ # under 18 \_\_\_\_\_ Anyone disabled?  No  Yes

Employer \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Company name \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Annual Income \$ \_\_\_\_\_ Other source of income? \_\_\_\_\_ Amount \$ \_\_\_\_\_ /mo

## 4. CO- BORROWER INFORMATION

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  M  F  
Marital Status  Married  Separated  Unmarried/Single/Divorced  
Race  White  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  
Current Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
Residency Status  Rent, amount \$ \_\_\_\_\_ /mo  Own, amount \$ \_\_\_\_\_ /mo Occupancy \_\_\_\_\_ years \_\_\_\_\_ months  
# of dependents \_\_\_\_\_ # under 18 \_\_\_\_\_ Anyone disabled?  No  Yes

Employer \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Company name \_\_\_\_\_

Your Position/Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Annual Income \$ \_\_\_\_\_ Other source of income? \_\_\_\_\_ Amount \$ \_\_\_\_\_ /mo

## TO BE COMPLETED BY HOUSING COUNSELING AGENCY

Date of submission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of Housing Counseling Agency: \_\_\_\_\_  
Name of Counselor \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Total HHLD Income \$ \_\_\_\_\_ Total # in HHLD: \_\_\_\_\_ Percentage of Area Median Income \_\_\_\_\_ % AMI  
Has client been preapproved?  No  Yes If "yes", name of mortgage lender? \_\_\_\_\_  
Signature of Housing Counselor \_\_\_\_\_ Select one  NSP1  NSP2

**NEIGHBORHOOD STABILIZATION PROGRAM (NSP)  
CLIENT RELEASE FORM**

My signature below authorizes the release of financial or other information, which I have supplied to my Housing Counselor in connection with purchasing a Neighborhood Stabilization Program (NSP) home, to the selected jurisdiction/subrecipient listed below.

My Housing Counselor will submit the NSP Jurisdiction Referral Application and proof of income to the selected jurisdiction/subrecipient for evaluation. The U.S. Dept of Housing and Urban Development (HUD) and the Delaware State Housing Authority (DSHA) are the sole establisher and enforcer of all rules and regulations concerning the NSP.

I authorize my Housing Counselor, \_\_\_\_\_, to share with the selected jurisdiction/subrecipient information that I have provided, including my computations and assessments that have been produced based upon such information. The selected jurisdiction/subrecipient may contact me to confirm and/or update income information provided which may determine my eligibility for the program, and the counseling agency may contact me to discuss counseling services. My "nonpublic personal information," such as total debt information, income, living expenses and personal information concerning my financial circumstances, will be provided to the jurisdiction/subrecipient with my authorization.

All information shared both orally and in writing will be managed within legal and ethical considerations.

I (We) have read the above requirements and authorize release of income information.

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**Select one jurisdiction/subrecipient:**

City of Wilmington    New Castle County    City of Dover    Kent County Levy Court    Sussex County

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Client's Name (Print)

---

Client's Signature

Date

---

Client's Name (Print)

---

Client's Signature

Date

# DELAWARE NEIGHBORHOOD STABILIZATION PROGRAM

## Equal Opportunity Data Collection

Because you are applying for assistance to a program that will use Federal NSP funds, the Agency providing the assistance is required to obtain the following information from the Head of the Household for statistical purposes only to determine whether the benefits of this program are being made to available to all persons on a non-discriminatory basis.

### To be completed by the Head of the Household only:

What is your gender? Male: \_\_\_\_\_ Female: \_\_\_\_\_

Are you a person with a disability? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a person age 62 or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a female head of household? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a Military Veteran? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What is your Race? Do you identify yourself as (select one or more):

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ White

What is your Ethnicity? Do you identify yourself as (select only one):

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Not Hispanic or Latino
- \_\_\_\_\_ Choose not to respond:

### CERTIFICATION OF APPLICANT

The Applicant certifies that all information stated regarding their status as the Head of the Household is true and complete to the best of the Applicant's belief.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_