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:

The reason(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.

kif, mjh  Revised 6/13/11
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?

3. BORROWER INFORMATION

   SSN ___________________________ Date of Birth ________/______/______
   First ___________________ M.I. _______ Last ___________________ Suffix _______
   Marital Status  □ Married  □ Separated  □ Unmarried/Single/Divorced
   Race  □ White  □ Black/African American  □ Asian  □ American Indian/Alaskan Native  □ Native Hawaiian/Pacific Islander
   Current Address ___________________________ City ___________________________
   State ___________________________ Zip ___________________________
   Home (____) ___________ Cell (____) ___________ Work (____) ___________ Email ___________________________
   Residency Status  □ Rent, amount $ ________/mo  □ Own, amount $ ________/mo
   # of dependents ______  # under 18 ______  Anyone disabled?  □ No  □ Yes
   Occupancy ______ years ______ months
   Name ___________________________ Relationship ___________________________
   Employer ___________________________ Phone (____) ___________ Date of Hire ________/______/______
   Company name ___________________________ Supervisor ___________________________
   Annual Income $ ___________ Other source of income? ___________________________
   Amount $ ________/mo

4. CO-BORROWER INFORMATION

   SSN ___________________________ Date of Birth ________/______/______
   First ___________________ M.I. _______ Last ___________________ Suffix _______
   Marital Status  □ Married  □ Separated  □ Unmarried/Single/Divorced
   Race  □ White  □ Black/African American  □ Asian  □ American Indian/Alaskan Native  □ Native Hawaiian/Pacific Islander
   Current Address ___________________________ City ___________________________
   State ___________________________ Zip ___________________________
   Home (____) ___________ Cell (____) ___________ Work (____) ___________ Email ___________________________
   Residency Status  □ Rent, amount $ ________/mo  □ Own, amount $ ________/mo
   # of dependents ______  # under 18 ______  Anyone disabled?  □ No  □ Yes
   Occupancy ______ years ______ months
   Name ___________________________ Relationship ___________________________
   Employer ___________________________ Phone (____) ___________ Date of Hire ________/______/______
   Company name ___________________________ 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

Revised 6/13/11  klf.mjh
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.

Select one jurisdiction/subrecipient:

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

Client's Name (Print)  Client's Signature  Date

Client's Name (Print)  Client's Signature  Date

kfl:mjh  Revised 6/13/11
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 ___________________