

Client #: _____

AAFE COMMUNITY DEVELOPMENT FUND INTAKE FORM

Name _____ SSN: _____ -- ____ -- ____
姓名 工卡號碼

Address/City/State/Zip: _____
住家地址

Home Phone: _____ Work Phone: _____
住宅電話 公司電話

Race: _____ Sex: _____ DOB: _____ New Immigrant? (Y/N) _____ Years in US _____
族裔 性別 生日 是否新移民 定居美國年數

First time homebuyer? (Y/N) _____ First generation homebuyer? (Y/N) _____ Household size _____
是否首次購屋? (是/否) 是否第一代買房? (是/否) 家庭人數

Health insurance? (Y/N) _____ If yes, is it public or private _____
有否健康保險? 如果有, 您的保險是政府提供的, 還是公司提供?

How did you hear about us? _____
您是如何知道我們這個機構的?

Did you attend our workshop or seminar before? _____ Email: _____
您是否參加過我們的講座或活動? 電郵

COMMENTS:

DATE	SPOKE WITH	DURATION (Minutes)	ISSUE AND ACTION

CASE OPENED BY: _____ DATE: _____

AAFE COMMUNITY DEVELOPMENT FUND

Foreclosure Prevention Client Intake Form

Name: _____ **Date:** _____

Address: _____

Property Type: *Coop Condo 1F 2F 3F 4F* **Race:** _____ **Sex:** _____ **DOB:** _____
(Please Circle One)

Household Size:

- Number of Adults (Age 18 – 61): _____
- Number of Children (Age 0 – 17): _____
- Number of Seniors (Age 62+): _____

What is your current annual income? _____

Mortgage Held By Senior? *YES NO*
(Please Circle One)

How did you hear about us? _____

FIRST MORTGAGE

(Please input information regarding most current loan/refinance.)

Closing Date (MM/YYYY): _____

Lender at Closing: _____

Current Lender: _____

Mortgage Amount: _____

Interest Rate at Closing: _____

Current Interest Rate: _____

Loan Term: *15-Yr 30-Yr 40-Yr Other:* _____
(Please Circle One)

Product Type: *Fixed Adjustable*
(Please Circle One)

Is loan interest only? *YES NO*
(Please Circle One)

Original Monthly Payment: _____
(Include Property Tax & Insurance)

Current Monthly Payment: _____
(Include Property Tax & Insurance)

Number of months late on mortgage: _____

SECOND MORTGAGE

(Please input information regarding most current loan/refinance.)

Closing Date (MM/YYYY): _____

Lender at Closing: _____

Current Lender: _____

Mortgage Amount: _____

Interest Rate at Closing: _____

Current Interest Rate: _____

Loan Term: *15-Yr 30-Yr 40-Yr Other:* _____
(Please Circle One)

Product Type: *Fixed Adjustable*
(Please Circle One)

Is loan interest only? *YES NO*
(Please Circle One)

Original Monthly Payment: _____
(Include Property Tax & Insurance)

Current Monthly Payment: _____
(Include Property Tax & Insurance)

Number of months late on mortgage: _____

Why are you late on your mortgage or why will you be late on your mortgage?



AAFE Community Development Fund

Sandy Recovery Program for Homeowners

Program Description:	The program combines grant and loan funds to assist homeowners of 1-4 family properties to recover from Hurricane Sandy damages	
Eligible Properties:	<ul style="list-style-type: none"> - 1-4 family owner occupied primary residence - "Zone A" properties include those that have received either "green" or "yellow" tags - Properties located outside of "Zone A" but within any of the five boroughs of New York City affected by Hurricane Sandy 	
Use of the Funds	The funds can be used for all repairs needed to make the property safe and habitable again and can include those that would result in increasing the building's energy efficiency.	
Loan Amount and Interest Rate	Loans of up to \$30,000 at an interest rate of 2% for homeowners in "Zone A" Loans of up to \$20,000 at an interest rate of 4% for all others 3% Annum for seniors over 62 years and disabled 3% Annum if repairs are conducted by certified green specialist	
Terms:	1 to 5 years. No prepayment penalty	
Grant Requirement and Amount	In order to eligible for grant, homeowners must also be an AAFE CDF Emergency Repair Loan borrower, and meet income ¹ and assets ² guidelines. The maximum grant amount is \$15,000 to cover up to 60% of the total cost of the project for homeowners in "Zone A", and 50% of the total project cost for all others (the loan portion will cover 40% of project costs for homeowners in "Zone A" and 50% for all others) The maximum award (total amount of loan and grant combined) will be \$30,000 for all properties, regardless of location.	
Grant Recapture Period:	2-10 Years	
Credit:	620+	
Required Documents:	<ul style="list-style-type: none"> - Complete loan application - Copy of government issued Identification - Proof of ownership (Deed) - Income documents - Proof of damage(s) (before pictures) - Proof of funds received from other sources, if applicable. - Copy of flood insurance policy if property located in flood zone 	
Expiration Date:	June 30, 2014	
<i>Chinatown Office</i> 2 Allen Street, 7th Floor New York, NY 10002 Tel: 212-964-2288 Fax: 212-964-6003	<i>Flushing Office</i> 133-04 39 th Ave., Flushing, NY 11354 Tel: 718-961-0888 Fax: 718-961-0988	<i>Brooklyn Office</i> 807 48th Street, 2nd Floor Brooklyn, NY 11220 Tel: 718-686-8223 Fax: 718-686-8220

1. Income : up to 137% of HUD's area medium income, adjusted for family size

2. Assets: the total combined household liquid assets cannot exceed \$15,000



AAFE Community Development Fund

Sandy Recovery Fund for Homeowners Application

INCOMPLETE INFORMATION MAY RESULT IN YOUR APPLICATION NOT BEING
PROCESSED. PLEASE PRINT CLEARLY AND SIGN APPLICATION.

Amount Requested _____ Rate _____ Repayable in _____
\$ _____ Months

APPLICATION INFORMATION (Name must appear on title)

Co-Applicant Information Complete only if joint account (co-
Applicant is contractually liable)

First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Social Security No.			Social security No.		Relationship to applicant
Present Street Address			Present Street Address		
City	State	Zip Code	City	State	Zip Code
Time There		Date of Birth	Time There		Date of Birth
Yrs.	Mos.		Yrs.	Mos.	
<input type="checkbox"/> Rent <input type="checkbox"/> Mtge <input type="checkbox"/> Own <input type="checkbox"/> Board Month Pmt. \$ _____ Telephone No. () _____		Date of Birth	<input type="checkbox"/> Rent <input type="checkbox"/> Mtge <input type="checkbox"/> Own <input type="checkbox"/> Board Month Pmt. \$ _____ Telephone No. () _____		Date of Birth
Mailing Address (if different from home address)			Mailing address (if different from home address)		
City	State	Zip Code	City	State	Zip Code

PROPERTY INFORMATION

Number & Street	City	State	Zip Code
Property Type:	Time There:		
<input type="checkbox"/> 1-Family <input type="checkbox"/> 2-Family <input type="checkbox"/> 3-Family <input type="checkbox"/> 4-Family <input type="checkbox"/> Condo	_____ Year _____ Months		

EMPLOYMENT AND INCOME

Employer (firm name)	Current Position	Annual Salary	Present Employer (firm name)	Current Position	Annual Salary
		\$ _____			\$ _____
Address		Time There	Address		Time There
		Yrs. Mos.			Yrs. Mos.
City	State	Zip Code	City	State	Zip Code
Business Telephone			Business Telephone		
()			()		

OTHER INCOME

Household Member	Source of Income	Start Date	Monthly Gross Income

REPAIR COSTS

The condition of your home following Hurricane Sandy: Damaged Destroyed

Types of damages (Please check all that apply): Flood / Storm Surge High Winds Other

Estimate(s) for repairs: \$ _____

Do you have homeowner insurance on your property? Yes No

If yes, have you received compensation from your insurance company? Received Funds Awaiting Decision Rejected

Amount Received: \$ _____

Do you have flood insurance on your property? Yes No

If yes, have you received compensation from your insurance company? Received Funds Awaiting Decision Rejected

Amount Received: \$ _____

OTHER FUNDS RECEIVED

Please provide info on the other emergency programs you have applied for or received. Check all that apply:

Fund Type	Source of Fund	Amount Received

I/We affirm that all the statements (and attachments, if any) are complete, true and correct and made for the sole purpose of obtaining credit from you. I/We agree that this application (and attachments, if any) shall remain your property even if credit is denied. I/We agree to notify you of any material change on the information provided on this application within (15) days such change. You are authorized by me/us to obtain any information you may require relating to my/our creditworthiness from any source including my/our employer or a credit reporting agency. These affirmations will continue as long as there is a balance outstanding under the loan.

X _____
Signature of Applicant Date

X _____
Signature of Co-Applicant Date

I/We affirm that all the statements (and attachments, if any) are complete, true and correct and made for the sole purpose of obtaining credit from you. I/We agree that this application (and attachments, if any) shall remain your property even if credit is denied. I/We agree to notify you of any material change on the information provided on this application within (15) days such change. You are authorized by me/us to obtain any information you may require relating to my/our creditworthiness from any source including my/our employer or a credit reporting agency. These affirmations will continue as long as there is a balance outstanding under the loan.

X	X
Signature of Applicant	Signature of Co-Applicant
Date	Date

NOTICE TO APPLICANT(S): You have applied to us for credit. In connection with your application, we may request credit reports on you from your credit reporting agencies. If you ask us, we will tell you their names and addresses. If we update, renew or extend you line of credit, we may request a credit report without advising you.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Applicant: I do not wish to furnish this information
Race/National Origin:
 American Indian, Alaskan Native Asian, Pacific Islander
 Black Hispanic White
 Other (specify) _____
Sex: Female Male

Co-Applicant: I do not wish to furnish this information
Race/National Origin:
 American Indian, Alaskan Native Asian, Pacific Islander
 Black Hispanic White
 Other (specify) _____
Sex: Female Male

AAFE CDF USE ONLY

This application was taken by: <input type="checkbox"/> Face to Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	Office	T#	Source
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Affiliated Account(s) Information

Commentary:

AAFE CDF Authorized Signature

Financial and Credit Information Release Form

Loan Application No. (if known) _____

AAFE Community Development Fund,

Re: _____
Premises

I hereby authorize the release to AAFE CDF, or their designated agent(s), such financial and credit information, as may be requested by AAFE CDF, or their designated agent(s), which has been obtained by the Lender in order to evaluate my application for a loan.

Owner(s) Please Print

Signature of Owner(s)

CERTIFICATION OF HOUSING DEFICIENCIES

Please check below the items you will be correcting using the proceeds of the Emergency Repair Loan.

Electrical

- Damaged electrical wires / service panel
- Loose / wire connections Source

Exterior

- Damaged gutters, leaders, Softies
- Buckling, sagging or leaking roof

Plumbing

- Major leaks
- Serious pipe damage
- Clogged / inoperative sewer pipe

Ceiling/Walls/Floors

- Holes or cracks on brick wall, stucco or siding
- Broken ceiling joists and/or roof frame
- Water stains cause by leaks
- Major floor damage

Door / Windows

- Severe damage of windows frame
- Missing or broken dangerously loose windows panes
- Window/doors that do not close
- Windows/door lacking reasonably tight seal
- Inadequate windows(s) door lock

I (we) hereby certify that if I (we) receive an Emergency Repair loan, the proceeds will, in the first instance, be devoted to the repair or replacement of the housing deficiencies I (we) have indicated on the checklist above.

Applicant's Name

Co-Applicant's Name

Applicant's Signature

Co-Applicant's Signature

Date

AAFE Community Development Fund

Authorization for Credit Report

I, the undersigned, do hereby authorize AAFE Community Development Fund to request a credit report on me and, if I ask, you will tell me the name and address of the consumer reporting agency that furnished it.

APPLICANT

Please indicate if you are a Jr., Sr., or III, also if you have been married for less than 2 years or have been known by another name:

NAME: _____

ADDRESS: _____

_____ ZIP CODE

Social Security #: _____ DOB: _____

IF AT ABOVE ADDRESS LESS THAN TWO YEARS PROVIDE PRIOR ADDRESS:

SIGNATURE: _____ DATE: _____

CO-APPLICANT

Please indicate if you are a Jr., Sr., or III, also if you have been married for less than 2 years or have been known by another name:

NAME: _____

ADDRESS: _____

_____ ZIP CODE

Social Security #: _____ DOB: _____

IF AT ABOVE ADDRESS LESS THAN TWO YEARS PROVIDE PRIOR ADDRESS:

SIGNATURE: _____ DATE: _____