



### Referral Form for “Accelerated Homebuying Counseling” Session

Please complete the form and submit with the following supporting documents. An incomplete referral will result in delay for the scheduling of a counseling appointment. *\*\*Please note that client must attend 2 sessions. Appointments are offered on a weekly basis.*

Loan officer: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of client: \_\_\_\_\_  
Client Contact Number: \_\_\_\_\_

Date of projected closing: \_\_\_\_\_  
Property Type: \_\_\_\_\_  
Mortgage Product: \_\_\_\_\_

Loan Amount: \_\_\_\_\_  
DP: \_\_\_\_\_  
Interest Rate: \_\_\_\_\_  
Rate locked?: Yes / No Expires: \_\_\_\_\_

#### THE FOLLOWING DOCS ARE REQUIRED PRIOR TO SCHEDULING COUNSELING:

- Credit Report
- Good Faith Estimate / Truth in Lending
- Applicants last 30 days of pay (pay stubs)
- 1003 Loan Application
- MLS of property
- Homebuyer Intake Form

**PLEASE FAX - 914-428-9455 / Attn: HOMEBUYING DEPARTMENT**

For Interoffice use only	
Date referral rcvd: _____	_____ (initial)
**Referral Approved for counseling	_____ (initial) ***
Group appt. scheduled for: _____	_____ (initial)
1:1 appt. scheduled for: _____	_____ (initial)

- Fair Housing
- Homebuying
- Senior Housing
- Rental Opportunities
- Homelessness Prevention
- Independent Living and Shelter Plus Care

