



**CENTRAL JERSEY  
HOUSING RESOURCE CENTER**  
501(c)(3) non-profit organization & HUD Agency

Jennifer Laterra, President

Sharon Clark, Executive Director

**Central Jersey Housing Resource Center  
PROGRAM DISCLOSURE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Purpose of Housing Counseling.**

I/We understand that the purpose of the Central Jersey Housing Resource Center (CJHRC) housing counseling program is to provide one-on-one counseling to help our housing/financial goal(s). I/We understand my counselor will need to analyze my financial and credit situation, identify those barriers preventing me/us from obtaining our housing/financial goals and help develop a plan to remove those barriers. I/We further understand that it will not be the responsibility of the counselor to resolve the problem but rather to provide guidance and education to empower me/us in correcting those issues preventing me/us from meeting our housing/financial goals. In addition to providing comprehensive housing counseling services for homebuyers, homeowners and renters, Central Jersey Housing Resource Center (CJHRC) offers the following services and programs: \* Fair Housing, \* Legal Consultation Program, \*Savings Match Program and \* outreach for Seniors.

\* Administrative Agent Services for Affordable Sale, Resale or Rental Units for Towns under a Fee for Service Contract.

**Client's Responsibility**

I/We understand that it is our responsibility to work in conjunction with CJHRC and their staff during the counseling process and that failure to cooperate will result in the discontinuation of the counseling program.

**Disclosures**

I/We understand Central Jersey Housing Resource Center (CJHRC) is committed to offering clients a variety of counseling services and programs. I/We further understand that Central Jersey Housing Resource Center also maintains affiliations, funding sources, partnerships, and working relationships with other public and private community organizations which could create a conflict of interest.

**Financial support for the CJHRC's Housing Counseling Program has recently or is currently being provided by the following industry partners:**

Affinity Foundation, Bank of America Charitable Foundation, Bridgeway Senior Healthcare, Megan Bonanno, Capital One, William & Nancy Carey, Bette Chaves, Earl Clarke, Columbia Bank Foundation, Concord Land Transfer, LLC, Kimberly Cowart, Cheryl Davis, Embrace Home Loans, Harris Faqueri, Federal Home Loan Bank of New York (FHLB NY), Fetzko Group, Joanne & Jeff Fetzko, Franklin Township CDBG, Fulton Bank, N.A., The Horowitz Family, HUD, Ed Israelow, Esq. & Arlene Gardner, Audrey Jankucic, Johnson & Johnson SC Companies, KL Sotheby's International Realty, KearnyBank Foundation/Kearny Bank, Micah Krolloff, Esq., Lakeland Bank, Jennifer Laterra, Monique Loh, M&T Charitable Foundation/M&T Bank, MagyarBank Charitable Foundation/Magyar Bank, Martinez Law LLC, Hon. Joseph H. Metelski, Millenium Home Mortgage, LLC, Minuteman Press, John & Peg Mooney, Kenneth A. Myers, NJM Insurance Group, Andy & Jen Nowack, New Brunswick Tomorrow, PNC Foundation, Peapack-Gladstone Bank, Premier Development, PSEG Foundation, Raritan Valley Habitat for Humanity, RWJ Barnabas Health, Santander Bank, N.A., Sital J. Shah, Esq., SC Dept. of Human Services, Somerset County Home Grant, Somerset Regal Bank, State Farm, State Farm Agents, Synchrony Bank, TD Charitable Foundation, The Bank of Princeton, The Provident Bank Foundation, The Tyler Foundation, Wells Fargo Foundation, James Vassanella, James M. Wood, CPA and Marcia Polgar Zalewski, LLC.

**Permission to Collect and Share Information**

As a condition to receiving CJHRC housing/counseling services, you must allow information collected by our staff to be shared between HUD, Department of Human Services, Legal Services of Northwest Jersey and other CJHRC grant funders/providers to



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www.cjhrc.org



review your electronic and/or paper records in order to establish eligibility in programs or as proof of CJHRC's services provided to you/your household.

**Client Choices**

I/We understand CJHRC is committed to offering clients a variety of information and there is no obligation to use products or services of CJHRC or its partners/supporters. I/We understand that I/We are free to choose a product or abstain from doing so, and that receiving housing counseling services from the agency is not contingent on the use of any product or service.

**Alternative Services, Programs and Products.**

CJHRC Counselors, as appropriate, refer clients to other community service organizations such as: Somerset County Office on Aging and Disability Services, Somerset County's Office of Housing and Community Development which include housing programs, Board of Social Services in several counties, Homeownership Education, voucher programs (Section 8 and State Rental Assistance), homeless intervention and other housing assistance and agencies that may be helpful and a good resource for the client.

Clients are provided with a community resource list which outlines emergency shelter programs, financial assistance, transitional housing information, free medical assistance as well as other programs and resources offered in Somerset & Hunterdon County and the surrounding region. Additionally, we also refer clients to our lender Realtor, attorney and home inspection lists.

**COMPLETE THE FOLLOWING INFORMATION:**

Household Size: The total number of persons, related or not related including children, living in your household? \_\_\_\_\_

Do you live in Somerset County? Yes \_\_\_\_\_ No \_\_\_\_\_ If not what County \_\_\_\_\_

Do you work in Somerset County? Yes \_\_\_\_\_ No \_\_\_\_\_ If no what County \_\_\_\_\_

For Statistical Purposes only. Please indicate your racial/ethnic group below.

Hispanic Yes \_\_\_\_\_ No \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_

Black/African American \_\_\_\_\_

Chose Not to Respond \_\_\_\_\_

More Than One Race \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Age: Please circle age range: 21-29 30-34 35-39 40-44 45-49 50-54 55-61 62+

Are you or the head of household disabled? Yes No

Female Head of Household: Households that consist of at least two people, if the principal provider is female? (For single person households, including widows and single women living alone, circle no.) Yes No

Household Size and Income: Circle the appropriate column for your family size and household income

Category	1	2	3	4	5	6
<b>Very Low (0-30%)</b>	0-\$30,000	0-\$34,300	0-\$38,600	0-\$42,900	0-\$46,300	0-\$49,800
<b>Low (30-50% AMI)</b>	\$30,001-\$50,100	\$34,301-\$57,200	\$38,601-\$64,400	\$42,901-\$71,500	\$46,301-\$77,200	\$49,801-\$82,900
<b>Moderate (50-80% AMI)</b>	\$50,101-\$80,000	\$57,201-\$91,400	\$64,401-\$102,900	\$71,501-\$114,300	\$77,201-\$123,400	\$82,901-\$132,600
<b>Median (80+% AMI)</b>	Over \$80,000	Over \$91,400	Over \$102,900	Over \$114,300	Over \$123,400	Over \$132,600

This is to acknowledge that I have received, reviewed, and understand CJHRC's Housing Counseling Program Disclosure and I hereby certify that this information is accurate, true and complete to the best of my knowledge, acknowledge that willfully false or misleading information may subject me to sanctions as permitted by law; and understand that this information is subject to verification by the Company and/or the Federal Government.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor (Print name & Sign)

\_\_\_\_\_  
Date