



Workshop/Presentation/Seminar Intake form

(please print)

Date: _____

Location of Workshop: _____

Name: _____

Street address: _____

City: _____ Zip code: _____

Phone: _____ home cell

Email address: _____

Date of birth: _____

Annual income: _____

Adults in household: _____ # Children in household: _____

Gender: male female

Veteran: yes no

Marital status: married unmarried choose not to respond

Race:

African American/Black Asian

Hispanic Native American

White other

Choose not to respond

Education level:

High school/GED _____ College _____

Grad School _____ Other _____



Housing and Community Development Department Program Disclosure Acknowledgement

I, _____; acknowledge that I have read and received a copy of following Buffalo Urban League Policy's, Disclosures, and Statements:

- **Housing Education Agreement**
- **Conflict of Interest Policy Statement**
- **Privacy Policy-outreach**

My signature below verifies that I have been provided with a copy of the above listed Policy's, Disclosures, and Statements.

Client's Signature _____ **Date** _____

Client's Signature _____ **Date** _____

BUL Staff Initial _____

Education Agreement

1. I understand that **Buffalo Urban League** provides educational presentations and counseling after which I may receive an action plan consisting of recommendations for handling my finances, and possibly including referrals to other housing agencies as appropriate.
2. I understand that **Buffalo Urban League** receives funds through various sources, as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for program administrators and/or their agents to follow-up with me between now and the next 3 years for the purposes of program evaluation.
4. I acknowledge that I have received a copy of Buffalo Urban League's Education agreement, Privacy Policy, and Conflict of Interest policy.

The **Buffalo Urban League** offers the following services and programs to our clients:

First Time Homebuyer counseling and education- work with budget and credit issues to prepare client for homeownership; give client information/referrals to various lender programs, realtors, home inspectors, attorneys, and any other players needed in the home buying process.

Mortgage foreclosure prevention counseling and education-work with budget and credit issues and determine best option(s) for client in either saving home from foreclosure, or the sale or other disposition of the home.

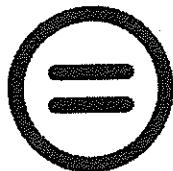
Fair Housing Counseling and education- clients will become more knowledgeable on their Fair Housing rights and responsibilities.

Financial capability counseling and education-work with client on budgeting and credit issues; will have client list income and expenses, and review spending habits. Will work with client to identify budget items to be addressed.

Rental assistance counseling and education- clients will learn more on their tenancy rights and responsibilities. Give clients information on housing that may be available and affordable. When funding is available, assist with paying either first month rent, or one month past due rent.

Homeless prevention counseling- Counselor will work with client to avoid eviction, or secure housing, to prevent homelessness. The counselor will also be working with individuals coming from a homeless shelter or street homeless. These individuals will be provided with housing assistance in the form of monetary move in assistance, and ongoing case management to ensure the individual does not return to homelessness.

Predatory Lending counseling and education- client will learn about types of loan scams and predatory lending



**Buffalo
Urban League**

*Empowering Communities.
Changing Lives.*

Housing Program Services
15 Genesee Street
Buffalo, New York 14203-1483
(716) 250-2400

Conflict of Interest Policy Statement

The Buffalo Urban League, Inc. prohibits the following actions in order to prevent a conflict of interest in the provision of its housing counseling and education services.

The Buffalo Urban League, Inc. will ensure and monitor that the agency, its staff, or any member of their immediate family must not take any action that may result in, or create the appearance of: administering the housing counseling program for personal or private gain; providing preferential treatment to any organization or person; or undertaking any action that might compromise the agency's ability to ensure compliance with HUD program requirements, or to serve the best interests of its clients.

Individual directors or employees, or family members of the Buffalo Urban League, Inc. may not accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, real estate sales agents, or brokers.

A director, employee, officer, contractor, or agent of Buffalo Urban League, Inc. shall not refer clients to mortgage lenders, brokers, builders, or real estate sales agents in which the officer, employee, director, his or her spouse, child, or general partner has a financial interest, neither may they acquire the client's property from the trustee in bankruptcy or accept a fee or any other consideration for referring a client to mortgage lenders, brokers, builders, or real estate sales agents or brokers.

A director, employee, officer, contractor, agent, his or her spouse, child, general partner, or organization in which he or she serves as employee (other than with the Buffalo Urban League, Inc.), or with whom he or she is negotiating future employment, may not have a direct interest in the client as a landlord, broker, or creditor, or originate, have a financial interest in, service, or underwrite a mortgage on the client's property, own or purchase a property that the client seeks to rent or purchase, or serve as a collection agent for the client's mortgage lender, landlord, or creditor.

I have read and received a copy of the Buffalo Urban League, Inc. Conflict of Interest Policy Statement.

Privacy Policy-Outreach

Buffalo Urban League is committed to assuring the privacy of individuals and/or families who have contacted us. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. We may use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, and phone number;

You may opt-out of certain disclosures

You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties, that is, direct us not to make those disclosures.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - CDBG 51
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: 10/1/25

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check one from the below based on your (the participant) age.

<input type="radio"/> Under 5 years	<input type="radio"/> 10-15 years	<input type="radio"/> 21-24 years	<input type="radio"/> 45-54 years	<input type="radio"/> 62 years and older
<input type="radio"/> 5-9 years	<input type="radio"/> 16-20 years	<input type="radio"/> 25-44 years	<input type="radio"/> 55-61 years	

2. Gender: Please check one from the below based on your (the participant) gender.

<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other: _____
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3. Please check one from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

<input type="radio"/> Hispanic	<input type="radio"/> Non-Hispanic
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4. Please check one from the below which best describes your (the participant) race.

<input type="radio"/> White	<input type="radio"/> Asian and Black or African American
<input type="radio"/> Black or African American	<input type="radio"/> American Indian or Alaskan Native and White
<input type="radio"/> Asian	<input type="radio"/> American Indian or Alaskan Native and Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific Islander and White
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="radio"/> Black or African American and White	<input type="radio"/> Other/Multi Racial
<input type="radio"/> Asian and White	

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
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6. Are you (the participant) severely disabled?

<input type="radio"/> Yes	<input type="radio"/> No
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7. Household Income: Please check one from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="radio"/> \$21,250 or less	<input type="radio"/> \$24,250 or less	<input type="radio"/> \$27,300 or less	<input type="radio"/> \$32,150 or less
50% median (VL)	<input type="radio"/> \$35,350 or less	<input type="radio"/> \$40,400 or less	<input type="radio"/> \$45,450 or less	<input type="radio"/> \$50,500 or less
80% median (LI)	<input type="radio"/> \$56,600 or less	<input type="radio"/> \$64,650 or less	<input type="radio"/> \$72,750 or less	<input type="radio"/> \$80,800 or less
81%+ median	<input type="radio"/> \$56,601 or more	<input type="radio"/> \$64,651 or more	<input type="radio"/> \$72,751 or more	<input type="radio"/> \$80,801 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="radio"/> \$37,650 or less	<input type="radio"/> \$43,150 or less	<input type="radio"/> \$48,650 or less	<input type="radio"/> \$54,150 or less
50% median (VL)	<input type="radio"/> \$54,550 or less	<input type="radio"/> \$62,650 or less	<input type="radio"/> \$66,700 or less	
80% median (LI)	<input type="radio"/> \$87,300 or less	<input type="radio"/> \$93,750 or less	<input type="radio"/> \$100,200 or less	<input type="radio"/> \$106,700 or less
81%+ median	<input type="radio"/> \$87,301 or more	<input type="radio"/> \$93,751 or more	<input type="radio"/> \$100,201 or more	<input type="radio"/> \$106,701 or more

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____