HomeOwnershipCenter
INVEST. RENEW. GROW.

NYS Affordable Housing Corporation (AHC)
Madison County Facade Rehabilitation

Thank you for inquiring about the facade rehabilitation program through Partnership for Community Development (PCD) and the HomeOwnershipCenter. This program will provide EXTERIOR home rehabilitation only. This could include: roofs, siding, windows, porches, etc. NO interior rehabilitation will be completed through this program.

In order to get started on the application process, please return the following:

- Completed & signed program application
- Required supporting documentation (see document checklist)
- Financial Education regisration form

A. 1 unit property must be located in the village or town of Hamilton or the towns of Eaton, Madison, Lebanon and Brookfield. *Applicants from the village or town of Hamilton will receive preference.

B. Household income must be no more than 112% of area median income for the area in which they reside (AHC Guidelines).

C. Applicants must own the property for which the application is submitted. Life Estate tenants, properties held in trust and properties with a reverse mortgage are not eligible.

D. Property must have a current Certificate of Homeowner's Insurance. (Applicant must agree to name the NYS AFFORDABLE HOUSING CORPORATION as "Loss Payee" on the Homeowner's policy before signing closing paperwork

E. The property must be current on all property and school taxes.

F. The property must meet definition of substandard or severely substandard.

The Program Design will also Include the Following:

Deferred Forgiveable Loan

Amount: $35,000.00

Term: 10 Years

Interest: 0% **Monthly Payment:** $0.00

* The Partnership for Community Development (PCD) will file a lien on the property for the full amount of the deferred loan for a period of ten (10) years. If the borrower retains ownership of the property, the loan is forgiven. IF the home is sold or transferred prior to that time, the deferred loan becomes due and payable to the Affordable Housing Corporation

All applicants must complete the Financial Education class at the HomeOwnershipCenter.

If you have any questions please feel free to call our office at (315) 724.4197.

NeighborWorks® HomeOwnership Center CHARTERED MEMBER

1611 Genesee Street, Utica, New York 13501

TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | www.theHomeOwnershipCenter.org

HomeOwnershipCenter
INVEST. RENEW. GROW.

PROGRAM APPLICATION

APPLICANT			CO-APPLICANT		
Applicant Name		Date of Birth	Co-Applicant Name		Date of Birth
Social Security Number	Home Phone	Cell Phone	Social Security Number	Home Phone	Cell Phone
Address (Street)			Address (Street)		
Address (City) (State) (Zip)			Address (City) (State) (Zip)		
County	Email Address		County	Email Address	
# of Years at this Address?	# of People in Household?		# of Years at this Address?	# of People in Household?	
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed			Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed		
Highest Level of Education Obtained ☐ Below High School Diploma ☐ High School Diploma/Equivalent ☐ 2 Year Degree ☐ Bachelors Degree ☐ Masters Degree ☐ Above Masters			Highest Level of Education Obtained ☐ Below High School Diploma ☐ High School Diploma/Equivalent ☐ 2 Year Degree ☐ Bachelors Degree ☐ Masters Degree ☐ Above Masters		

EMPLOYMENT INFORMATION							
Applicant Employer Name & Address	Date of Hire	Self-Employed ☐ YES ☐ NO		Co-Applicant Employer Name & Address	Date of Hire	Self Employed ☐ YES ☐ NO	
	Business Phone				Business Phone		
Position/Title	Annual Income			Position/Title	Annual Income		
Previous Employer (if less than 2 years at current employer)				Previous Employer (if less than 2 years at current employer)			

****Please include copies of recent pay stubs.****

ADDITIONAL INCOME INFORMATION		
Category	Applicant	Co-Applicant
Social Security / SSD / SSI	$	$
Pension	$	$
Child Support	$	$
Other	$	$

****Please provide proof of supplimentary income.****

HOUSEHOLD INFORMATION

Please list ALL persons currently living in your household (Including applicant & co-applicant)

Name	Date of Birth	Annual Salary (if any)	Source of Income

1611 Genesee Street, Utica, New York 13501
TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | www.theHomeOwnershipCenter.org

PROGRAM APPLICATION

HomeOwnershipCenter
INVEST. RENEW. GROW.

ASSET INFORMATION

Do you currently ☐ Own ☐ Rent - If you rent, what is your current monthly rent payment? $ _____

Asset Information:

1. Total currently in savings $ _____
2. Total currently in checking $ _____
3. Market value of Stock/Bonds $ _____
4. Current value of certificates of deposit $ _____
5. Current value in retirement accounts $ _____

Monthly Debt Obligations:

	Monthly Payments:
1. Credit Card 1	$ _____
2. Credt Card 2	$ _____
3. Student Loan (s)	$ _____
4. Auto Loan (s)	$ _____
5. Other	$ _____
6. Other	$ _____

PLEASE PROVIDE THE LAST 3 STATEMENTS FOR YOUR CHECKING/SAVINGS - MUST PROVIDE CURRENT STATEMENT FOR ALL OTHERS.

PROPERTY INFORMATION

Address of property (if different from above)	Is the property your primary residence?	Name that appears on Deed/Title

Value of Property	Home Owners Ins.	Date Purchased	Mortgage Balance	Current on Taxes	Owner Occupied?	Tenants?
	☐ YES ☐ NO			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

List all known structural issues (Home repair only)	Do you have a written Codes Violation or ROP Report? ☐ YES ☐ NO

****Please provide proof of paid taxes & homeowners insurance****

CERTIFICATIONS

	Applicant	Co-Applicant
Are you a US Citizen or A Permanent resident alien?	☐ YES ☐ NO	☐ YES ☐ NO
Have you had any outstanding judgments? If yes, Date Discharged _____	☐ YES ☐ NO	☐ YES ☐ NO
In the last seven years, have you been declared bankrupt? If yes check one: ☐ Chapter 7 ☐ Chapter 13 Date Discharged _____	☐ YES ☐ NO	☐ YES ☐ NO
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	☐ YES ☐ NO	☐ YES ☐ NO
Are you a Party in a lawsuit?	☐ YES ☐ NO	☐ YES ☐ NO
Are you obligated to pay alimony, child support or separate maintenance? If yes, list amount: _____	☐ YES ☐ NO	☐ YES ☐ NO
Do you have any past-due obligations owed to or insured by an agency of the federal government?	☐ YES ☐ NO	☐ YES ☐ NO
Do you receive alimony, child support or separate maintenance?	☐ YES ☐ NO	☐ YES ☐ NO
Do you receive Social Security and/or disability benefits?	☐ YES ☐ NO	☐ YES ☐ NO
Are you disabled?	☐ YES ☐ NO	☐ YES ☐ NO
Are you a Veteran?	☐ YES ☐ NO	☐ YES ☐ NO
Are you Active Military?	☐ YES ☐ NO	☐ YES ☐ NO

Please tell us how you heard about us...

☐ Radio ☐ Television ☐ Referral: if referral, by who? _____

☐ Other _____

PROGRAM APPLICATION

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 not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT ☐ I do not wish to furnish this information	**CO-APPLICANT** ☐ I do not wish to furnish this information
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race: ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American ☐ Asian ☐ Hispanic	**Race:** ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American ☐ Asian ☐ Hispanic
Sex: ☐ Male ☐ Female **Foreign born:** ☐ YES ☐ NO	**Sex:** ☐ Male ☐ Female **Foreign born:** ☐ YES ☐ NO

SIGNATURE SECTION

I (we) certify that all the information provided in this application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (we) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from our programs. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application.

I (We) authorize that staff of HomeOwnershipCenter to obtain income and asset verifications from all household income sources. I (We) authorize HomeOwnershipCenter to also obtain credit reports in connection with this application and as need based on program requirements. I (We) authorize the HomeOwnershipCenter to obtain a copy of the HUD-1 Settlement Statement, Appraisal and Real Estate Note(s) from the lender who made me/us a loan and/or the title company that closed the loan (when applicable). I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act.

I (We) acknowledge that I have read and received a copy of the HomeOwnershipCenter's Privacy Policy. I (We) understand that any intentional or negligent misrepresentation(s) of the information contained on this application may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

For Loan Projects Only:
I (We) understand that a lien will be placed against my (our) property for the total amount of the loan, plus fees. I (We understand that loan funds provided by the HomeOwnershipCenter may be federal dollars and that certain restrictions, guidelines and standards apply. I (We understand that if I (we) refuse to accept and/or follow said standards as created by the HomeOwnershipCenter policies and programs that our application may be denied and no loan funds issued.

I/We confirm that all of the information provided is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with necessary information or documents in a timely manner will result in the closing of our file.

I (We) have read and understand all the information contained in this program application:

Signature of Primary Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

FOR OFFICE USE ONLY

Please select a Program:

- ☐ Homebuyer Education
- ☐ Financial Coaching
- ☐ City of Utica Home Repair Program
- ☐ City of Rome Home Repair Program
- ☐ Manufactured Home Replacement
- ☐ HECM/Reverse Mortgage
- ☐ Foreclosure Intervention/Prevention
- ☐ Home Rehabilitation/Other
- ☐ West Utica Healthy Housing Pilot Project

Notes:

HomeOwnershipCenter
INVEST. RENEW. GROW.

Document Checklist

Your application will not be processed if your documents are not complete.

- ☐ Government Issued Photo ID (i.e. Driver's License, Passport or Non-Driver ID)
- ☐ 4 most recent consecutive pay stubs (if paid weekly) or 2 most recent consecutive pay-stubs (if paid bi-weekly)
- ☐ Federal income tax returns from the previous 2 years (3 years in self-employed)
- ☐ 2 years of W-2s and income tax schedule, 1098s, 1099s (if applicable)
- ☐ 3 most recent consecutive bank statements for checking and/or savings accounts
- ☐ Social Security, Social Security Disability, or Workers Compensation award letter
- ☐ Rental income (if applicable) - copy check from tenant, receipt or notarized statements listing each tenant/ unit and the rent received per month
- ☐ Tenant Income Verification
- ☐ Title to manufactured home (if applicable)
- ☐ Current deed with full property description and date of record
- ☐ Current monthly mortgage statement. If you mortgage is paid off, please check here ____
- ☐ Proof of paid taxes - school, town, county, city, village
  - Provide one of the following:
    - ☐ Copy of tax receipts with PAID stamp
    - ☐ Annual escrow analysis
    - ☐ Tax assessor printout showing paid
- ☐ Homeowner's insurance declaration page showing the annual premium and proof it is paid up-to-date
- ☐ Entire Electric Bill
- ☐ Court stamped bankruptcy filing with Schedule F (If Applicable).
- ☐ Code violation report (if applicable).

If you have any questions regarding these documents, please call prior to your appointment for assistance.

Thank you!

NeighborWorks® HomeOwnership Center Chartered Member

1611 Genesee Street, Utica, New York 13501

TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | www.theHomeOwnershipCenter.org

HomeOwnershipCenter
INVEST. RENEW. GROW.

Disclosure Statement

The HomeOwnershipCenter is a private, not-for-profit 501(c)(3) organization established in 1979 to improve the quality of local housing and neighborhoods. Its mission is the Revitalization and Growth of Neighborhoods. As such, the HomeOwnershipCenter is dedicated to enhancing the quality of life for families in its service area by providing comprehensive housing assistance, housing counseling, neighborhood revitalization and leadership development services that help:
People become first-time homebuyers

- Homeowners increase the value of their homes
- Strengthen neighborhoods
- Fill financial, housing and community development needs not met by the private sector.

The agency offers a variety of housing related services including homeownership assistance, home improvement grant and loan programs, Foreclosure Intervention Counseling, and Reverse Mortgage counseling. HOC also provides grant writing assistance and administrative services for County government grants that provide low income customers with funds for homeownership purchase and home rehabilitation. HOC is a NeighborWorks ® America Charter Member.

HOC provides services to Oneida, Herkimer, Fulton, Montgomery, Madison, and Otsego County residents to assist in areas such as:

- First Time Home Buyer Education and Financial Literacy Education
- Post purchase (non-delinquency) Home Buyer Education
- One-on-one continuing education for pre-purchase first time home buyers
- Home Improvement Programs to assist existing homeowners
- Reverse Mortgage Counseling
- Financial Coaching

The counseling services, lending products, rehabilitation, affordable housing and other forms of assistance that may be offered by The HomeOwnership Center, its subsidiaries, affiliates or directors, officer's employees, agents or partners may also be offered by other providers and you are under no obligation to utilize services from The HomeOwnership Center regardless of the recommendations made by counselors.

By signing this disclosure, I understand that I am not under any obligations to utilize any other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by HOC partners as well.

_____ _____
Customer Date

_____ _____
Customer Date

NeighborWorks® HomeOwnership Center Chartered Member

1611 Genesee Street, Utica, New York 13501
TEL 315.724.4197 | FAX 315.724.1415 | NYS TDD RELAY 800.622.1220 | www.theHomeOwnershipCenter.org

HomeOwnershipCenter
INVEST. RENEW. GROW.

Privacy Policy

The HomeOwnershipCenter is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical considerations. Your "non-public personal information" such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also 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 verbally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, your creditors or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

- You have the opportunity to "opt-out" of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to "opt-out," we will not be able to answer questions from your creditors. If, at any time, you wish to change concerning your "opt-out," you may call us at (315) 724-4197 and do so.

Release of your information to third parties:

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or 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.
- We may also disclose any non-public personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to non-public 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 non-public physi cal information.