



PROGRAM APPLICATION

Owner-Occupied Home Improvement

APPLICANT				CO-APPLICANT			
Primary 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	
Email				Email			
Address (Street, City, Zip)				Address (Street, City, Zip)			
Marital Status		# of Years In Property _____		Marital Status		# of Years In Property _____	
Education				Education			
EMPLOYMENT INFORMATION							
Name & Address of Employer		Self Employed	# of Years	Name & Address of Employer		Self Employed	# of Years
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Business Phone ()				Business Phone ()	
Position/Title		Annual Income:		Position/Title		Annual Income:	
If Employed Less Than 2 Years, Please List Prior Employer				If Employed Less Than 2 Years, Please List Prior Employer			
HOUSEHOLD INFORMATION							
Please list ALL persons currently living in your household							
Name		Date of Birth	Annual Salary (if any)		Source of Income		
PROPERTY INFORMATION							
Address of Property to be improved if different from above			Property you are renovating is your primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Property Deed/Title in name of		
Value of Property	Date Purchased	Mortgage Balance			Grant Lien	Amount: \$	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list home repairs/renovations requesting:				Do you have any ownership interest in another property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ASSETS				ADDITIONAL INCOME			
Current Balance		Rental		Monthly Amount			
Checking		SSI / Pension / Disability					
Savings		Child Support					
Retirement/other		Other					



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NAME AND ADDRESS OF CREDITOR—LIST ALL DEBTS	MONTHLY PAYMENT AND MONTHS LEFT TO PAY	UNPAID BALANCE
Mortgage		
Home Equity		
Auto		
Credit Cards		
Other		
Other		

CERTIFICATIONS				
	Applicant		Co-Applicant	
Are you a US Citizen or A Permanent resident alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any outstanding judgments? If yes, Date Discharged _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last seven years, have you been declared bankrupt? If yes, Date Discharged _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Party in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance? If yes, list amount:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any past-due obligations owed to or insured by an agency of the federal government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive alimony, child support or separate maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive Social Security and/or disability benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.)

BORROWER I do not wish to furnish this information		CO-BORROWER I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White		Race: <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Foreign Born <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Foreign Born <input type="checkbox"/> Yes <input type="checkbox"/> No

Have You Had a LEAD Risk Assessment on your property? Yes No

How did you hear about us?: _____



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SIGNATURE SECTION

I (We) hereby certify that I (We) are the owner(s) and occupant(s) of the property to be improved and that this is my (our) principal place of residence. 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 this program. 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 for assistance.

I (We) understand that a lien will be placed against my (our) property for the total amount of the grant funds used for my (our) home repair project. The purpose of this lien is to ensure that I (We) live in this home for the specified period of time. The amount of the lien will become payable, in full, when I (We) either transfer the ownership of the property or fail to comply with other terms of the Grant Note & Mortgage Agreement.

I (We) authorize the staff of NeighborWorks® Rochester to obtain income and asset verifications from all household income sources. I (We) authorize NeighborWorks® Rochester to also obtain credit reports in connection with this application and any Loan or Account established hereby, as well as any update, renewal, extension, review or collection thereof. 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 NeighborWorks® Rochester's Privacy Policy.

I (we) understand that in order to best protect your family's health NeighborWorks® Rochester will perform a lead risk assessment using the XRF analyzer which determines the presence of lead. If lead is found, repair or replacement will be required.

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

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

FOR OFFICE USE ONLY

Application Fee _____ Cash or Check # _____ Date Received: _____

Notes :

- Submit with Application:
- Copy of your **drivers license** and **social security card**
 - Check or money-order for **\$10.00 Application Fee** or \$20.00 for 2 people

