

UNHS NEIGHBORWORKS® HOMEOWNERSHIP CENTER

Please bring the following documents with you to the appointment in order to file an application for services from The HomeOwnership Center. Your application will not be filed if your documents are not complete at the time of your appointment. To make an appointment, please call Julie Howarth at 724-4197.

THE APPLICATION FEE IS \$25. PLEASE PAY BY CHECK OR MONEY ORDER ONLY – WE DO NOT ACCEPT CASH.

PAPERWORK NEEDED (Required)	ACCEPTABLE DOCUMENTATION
EVIDENCE OF MORTGAGE	Monthly mortgage statement (including escrow account, if applicable) or payment coupons. (N/A if mortgage is paid off.)
INCOME Social Security income Disability	Award letter for current year, copy of checks, statement from bank or brokerage firm (if direct deposited)
Pension or Worker's Comp Child Support/Alimony	Award letter, copy of checks
Wages (Pay Check Stubs) Rental (see below)	4 most recent pay stubs (if paid weekly) 2 most recent (if paid bi-weekly). Earnings statement that shows gross wages and deductions.
TAX RETURNS FOR PREVIOUS 2 YEARS	Copy of FILED FEDERAL tax returns for previous 2 years, including all schedules and W-2's. (N/A if not required to file.)
BANK STATEMENTS FOR 3 MONTHS	Three (3) most recent (3 months worth) of bank statements for checkings and/or savings accounts. If you do not save your monthly statements, please request a 3-month print out from your financial institution.
COPY OF DEED	Copy of deed that includes full property description and date of record. For life-use residents, please provide a notarized statement signed by all owner's of record.
PROOF OF PAID PROPERTY TAXES School, County and City/Village For CURRENT year	Copy of tax receipts with paid stamp for current year's taxes. Copy of escrow statement if taxes are paid through escrow. If no money is owed for school taxes due to STAR exemption, please bring proof of zero balance.
HOMEOWNER'S INSURANCE	Deck page (shows the annual premium) and proof it is paid up to date
IF APPLICABLE, PLEASE ALSO BRING:	ACCEPTABLE DOCUMENTATION
Utility Bill (if applying for NYSERDA)	Copy of bill from National Grid
Tenant's Information for NYSERDA	Proof of income plus last year's tax return
Rental income	Copy of check from tenant or notarized statement listing each apartment and the rent received per month. If the tenant is a family member and no rent is being collected, please provide a notarized statement from the tenant, signed by the owner, stating no rents are being collected.
Bankruptcy papers	Bankruptcy filing that is court stamped, including Schedule F. Statement explaining why you declared bankruptcy.

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship Age Relationship Age

Annual Family or Household Income: \$ _____

Referred to by (please circle all that apply):

- Print Advertisement Bank Government TV Realtor
Staff/Board member Walk-In Friend Radio Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT

Name: First MI Last

Street

City State Zip Code

Home: () - Work: () - Email: _____

Social Security Number Birth Date

Race (please circle):

- 1. White 2. Black or African American 3. American Indian/Alaskan Native
4. Asian 5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native and White 7. Asian and White 8. Black/African American and White
9. American Indian/Alaskan Native and Black 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No
Foreign Born (please select one): Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Veteran? Yes No

Disabled? Yes No

Education (please circle one):

- 1. Below High School Diploma 2. High School Diploma or Equivalent
3. Two-Year College 4. Bachelors Degree
5. Masters Degree 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father

Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years

Please Print Clearly.

Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title _____ Length of Employment _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly?

Previous Employer: _____

Title _____ Length of Employment _____

Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____
 Street _____ City _____ State _____ Zip Code _____
 Phone: (____) _____ - _____
 Part-Time or Full-Time (Please Circle)
 Gross Income (before taxes): \$ _____
 Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME *Please Print Clearly*

Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Can you document your child support/alimony income? If yes, how long will it continue?				
If your child or a family member receives SSI, how many more years will the payments continue?				
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? C=Customer, A=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Have your payments been made on time?				
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin? _____				
If yes, when will it be paid out? _____				
If yes, how much is the payment? _____				
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged? _____				

LIQUID FUNDS/SAVINGS/INVESTMENTS*Please Print Clearly**Please list the approximate value of the following:*

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No
If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	___ AM		___ PM	

AUTHORIZATION

I authorize UNHS NeighborWorks HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a home improvement loan;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) 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.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

Co-Applicant

Date



Briefly Describe or List Needed Repairs:

OFFICE USE ONLY:

APPLICATION FEE:

\$25

DATE PAID _____

STAFF INITIALS _____

CHECK NO. _____