



1611 Genesee Street
Utica, NY 13501
Tel. 315-724-4197
Fax. 315-724-1415
NYS TDD Relay # 800-622-1220
www.thehomeownershipcenter.org

Dear Customer,

Thank you for inquiring about the Assisted Home Performance with ENERGY STAR® program for weatherization and energy efficiency. The HomeOwnership Center is a participating lender with NYSERDA, which allows us to offer the state subsidy pre-approval and matching funds through various loan programs..

We provide an overview of this program during our Post-Purchase class, which is a requirement for anyone applying for any kind of home repair/improvement product or program. If you fail to complete this class, no further progress will be made with your application, regardless of your eligibility for the product.

Included in this application packet you will find:

- Class Description
- Course Schedule
- Class Registration Form

The Post-Purchase Class is an eight-hour course and is FREE. During the course we will review the process for receiving our home improvement products, review all paperwork and loan documents and answer any questions you may have in addition to discussing personal finance, credit and home maintenance.

In order to file an application for home repair/improvement programs, please return the following:

- **Completed Post-Purchase Registration form**
- **Completed Intake Form**
- **All documents on the checklist**
- **A \$25 CHECK or MONEY ORDER for the Application Fee made out to The HomeOwnership Center (Note: We do NOT accept cash)**

Remember, your class registration form AND Completed Intake Form must be received in order to attend – we do not accept walk-ins. Classes fill up quickly, which means you may want to put down your first AND second choice. If you have any questions, please feel free to call our office at (315) 724-4197.

Sincerely,

Julie Jalowiec
HomeOwnership Coordinator



PROGRAM NAME: _____

CUSTOMER PLEASE PRINT CLEARLY // ALL FIELDS ARE REQUIRED

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____ Is mailing address the same? Yes No

If no, please provide mailing address: _____

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

Fax: (____) _____-_____ Pager: (____) _____-_____ Mobile/Cell (____) _____-_____

Single Family Home?(circle one) Yes No If no, how many units? _____

_____-_____-_____
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? (please circle one): 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

- Current Housing Arrangement** (please circle):
1. Rent
 2. Homeless
 3. Homeowner with mortgage
 4. Living with family member and not paying rent

5. Masters Degree

6. Above Masters Degree

Relationship to Customer (please circle): Spouse Boyfriend Daughter Mother Son Father Sister Brother Girlfriend
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 // ALL FIELDS ARE REQUIRED

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

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
	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

LIABILITIES/DEBT

PLEASE PRINT CLEARLY // ALL FIELDS ARE REQUIRED

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

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

Please use additional sheets if necessary.

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

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**PLEASE PRINT CLEARLY // ALL FIELDS ARE REQUIRED**

	<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

What home repair service are you requesting? (Check all that apply)

- **Energy Efficient improvements (windows, furnace, insulation, etc)** _____
- **Roof** _____
- **Structural (Foundation)** _____
- **Mechanical (Electrical, Plumbing)** _____
- **Other (please describe)**

Some of the above 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. (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.)

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; pull my/our credit report and review my/our credit file for informational inquiry purposes;
- (b) 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.
- (c) use photographs of my property and/or myself for publication in brochures, commercials or other publications at the discretion of UNHS.

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.

I/We understand that the funding provided by UNHS is federal dollars and certain restrictions, guidelines and standards apply. I/We understand that if I/We refuse to accept and/or follow those standards as created by UNHS policies and programs that our application may be denied and no funding will be issued.

Printed Name of Owner

Date

Signature of Owner

Printed Name of Co-Owner

Date

Signature of Co-Owner



OFFICE USE ONLY:

APPLICATION FEE:

\$25 DATE PAID _____ STAFF INITIALS _____ CHECK NO. _____

UNHS NEIGHBORWORKS® HOMEOWNERSHIP CENTER

Please submit the following documents with the intake form/application for services from The HomeOwnership Center. Your application will not be filed if your documents are not complete. Please submit application by mail to: The HomeOwnership Center, 1611 Genesee Street, Utica, NY 13501, Attn: Julie Jalowiec Or call (315) 724-4197 to make an appointment.

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

PAPERWORK NEEDED (Required)	ACCEPTABLE DOCUMENTATION
IDENTIFICATION	Photo ID (driver’s license or other photo ID with name, address and DOB)
PROOF OF PRIMARY RESIDENCE	Utility bill (must be electric/heating bill if applying for NYSERDA)
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/ 3 years if self employed.) Please do NOT submit state returns.0
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. Must have full description and date 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
Tenant’s Information for NYSERDA	Proof of income plus last year’s tax return
Rental income	Copy of check from tenant, receipt or notarized statement listing each tenant/unit and the rent received per month.
Bankruptcy papers	Bankruptcy filing that is court stamped, including Schedule F. Statement explaining why you declared bankruptcy.

**UNHS NeighborWorks® HomeOwnership Center
Assisted Home Performance with ENERGY STAR®**

Attention Homeowners:

Financing Available

Do you want to make your 1 - 4 family home more energy-efficient and reduce your utility bills? If you are [eligible](#), the Assisted Home Performance with ENERGY STAR Program will cover up to 50% of the costs associated with the energy-efficiency improvements, up to a maximum of \$5,000 per household or \$10,000 for a 2 - 4 family building.

The objective of the Assisted Home Performance with ENERGY STAR program is to reduce energy costs of low- and moderate-income households by providing affordable energy efficiency improvements.

Assisted Home Performance with ENERGY STAR, a New York Energy \$martSM program, brings a whole-house building performance approach to energy efficiency improvements. All participating contractors are accredited by the Building Performance Institute (BPI), helping to ensure that the work performed is high quality.

How does the process work?

Contact any participating [BPI accredited contractor](#) in your area to schedule an appointment. The participating contractor will perform a comprehensive home assessment and provide a report detailing recommended energy-efficiency upgrades and the cost of the work. There is usually an assessment fee which may be deducted from the cost of the work depending on the contractor.

Work may include:

- Insulation upgrades
- Air sealing the building to reduce drafts and cold spots
- Duct Sealing
- Heating system repair or replacement
- Domestic hot water heating upgrades
- ENERGY STAR appliances and lighting
- Other cost-effective energy saving measures

How much assistance is available?

- Homeowners and renters - up to \$5,000 per household is available.
- [2-4 family building owners](#) - subsidies of up to [50% of the project cost](#), up to \$10,000 per building is available. The actual level of subsidy will vary based on the number of eligible tenants.
- 1-4 family homeowners have access to subsidies of [50% of the project cost](#), up to \$5,000.
- Enhanced subsidies available

Matching Funds

The HomeOwnership Center has partnered with New York State to offer matching funds to homeowner's for the remainder of the eligible work. There are a variety of loan products available to meet the needs of low- to moderate-income households.

To find out more or to receive an application, call The HomeOwnership Center at (315) 724-4197!



Assisted Home Performance with ENERGY STAR®

BPI CERTIFIED CONTRACTOR LIST

Advanced Energy Systems of New York, LLC
Contact: Richard Robinson
17 Tilton Road
Utica, NY 13501
(315) 735-5125
info@advancedenergysystemsny.com

GreenHomes by Entherm
509 West Fayette Street
Syracuse, NY 13204
(315) 474-6549
entherm@entherminc.com

Kalex Energy Company
Contact: Michael Pfluke
6160 Trenton Road
Utica, NY 13502
(315) 733-2220
kalexenergy@adelphia.net

Zero Draft of Central New York
2824 Lemoyne Avenue
Syracuse, NY 13211
(315) 455-9376
zerodraftofcny@twcny.rr.com

The **New York Energy SmartSM** program is designed to continue energy efficiency, low-income services, research and development, and environmental protection programs during the State's transition to electric retail competition, and is a key element in the restructuring of New York's electric utility industry.

In 1998, to ensure that these kinds of programs continue to benefit New Yorkers, the State's Public Service Commission (PSC) named the New York State Energy Research and Development Authority (NYSERDA) administrator of these programs, which are paid for by a System Benefits Charge (SBC) on the electricity transmitted and distributed by the State's investor-owned utilities. The **New York Energy SmartSM** program is being implemented in those utility territories. Some 2,700 projects in more than 30 programs are funded under **New York Energy SmartSM**.

NYSERDA, a public benefit corporation, provides energy-related technical and financial packaging assistance to businesses and institutions to promote energy efficiency and economic development. NYSEDA sponsors energy research and development programs that promote safe and economical energy production and efficiency technologies in New York State, issues tax-exempt bonds and notes for energy-related projects, and analyzes the effect of New York's energy, regulatory, and environmental policies on the State's business, institutional, and residential energy consumers.



Assisted Home Performance with ENERGY STAR® Application

To be eligible for the Assisted Home Performance with ENERGY STAR work scope subsidy, applicants must fully complete this application and provide the requested documentation.

APPLICANT NAME				Project #		
APPLICANT ADDRESS	Street	City	County	Zip Code	Apt# or Floor	
TELEPHONE NUMBERS						
Day ()			Evening ()			
DIRECTIONS TO THE HOME						
TYPE OF _____ Owner Occupied _____ Single Family Home _____ Mobile Home _____ Rental Unit						
RESIDENCE # of units _____ Age of Home _____ If Rental Unit, Electricity Paid By: _____ Owner _____ Tenant						
OWNER'S NAME Owner's Address (if different from address listed above)						
Total Number of Household Members: _____		TOTAL INCOME: Complete the following table listing the income received by each household member 16 or older who is not a full-time student; and the names and ages for all members of the household.				
Name	SEX	AGE	SOURCE(S) OF INCOME	AMOUNT IN DOLLARS		
				WEEKLY	MONTHLY	YEARLY
TOTALS						

Salaried Applicants and Salaried Household Members

- Copy of 1st two pages of previous year's Federal Income Tax Return (Tax Returns must be signed). If previous year's Federal Income Tax Return have not been completed, please submit prior year's W2's.
- Copy of most recent paycheck stub indicating year-to-date income.
- Proof of Social Security/Disability/Pension (Award Letters), Child Support, Alimony

Applicants/Household Members who are Self-Employed or Receive Rental Income

- Copy of previous year's Federal Income Tax Return, (signed) including all schedules and attachments. If previous year's Federal Income Tax Return have not been completed, please submit a signed year to date Profit and Loss Statement.

HOMEOWNER CONTRIBUTION

The maximum work scope incentive available from Assisted Home Performance with ENERGY STAR is 50% of the approved work scope. The maximum work scope incentive is \$5,000 for a single family home and \$10,000 for 2-4 family residences. Where other public funds are available to defray the homeowner contribution, the homeowner contribution must not be less than 10% of the approved Assisted Home Performance with ENERGY STAR work scope or \$500 whichever is less. The Assisted Home Performance with ENERGY STAR work scope incentives may not be combined with the federally funded Weatherization Assistance Program.

Identify the source and amount of the homeowner contribution:

ENERGY SUPPLIER INFORMATION RELEASE AUTHORIZATION

I hereby authorize the energy suppliers named below to release information on my energy use to NYSERDA for two years prior to and two years after completion of the work.

Electricity Supplier: _____ Account Number: _____

Heating Fuel Supplier: _____ Account Number: _____

SITE VISITS

NYSERDA reserves the right to make a reasonable number of visits during the installation and for up to 24 months following project completion. Such visit(s) will be at a time convenient to the Applicant. The purpose of the visit(s) is to provide NYSERDA with an opportunity to ensure that the eligible energy efficient measures are installed consistent with the program standards and to assess the energy savings.

APPLICANT AFFIRMATION

I certify, under the penalties of law, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and are true and complete. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I understand that this application does not guarantee that assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the remaining funds available and the priorities to be met by the program.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____

OFFICE USE ONLY

INCOME GUIDELINES FOR A HOUSEHOLD OF _____ MEMBERS: \$ _____ DOCUMENTATION ATTACHED
ON THE BASIS OF THE ABOVE INFORMATION, HOUSEHOLD _____ IS _____ IS NOT INCOME ELIGIBLE

Intake Worker's Signature: _____

Date _____

Assisted Home Performance with ENERGY STAR

Dear Customer:

If you are applying for a home improvement product at The HomeOwnership Center, (e.g **Energy Smart loan with NYSEERDA**, an **Emergency Home Repair loan/deferred loan**, **Home Improvement loan**, or **Forgivable loan (Oneida/Herkimer County SAFE or ACCES to Home program)**) one requirement for receiving our services is that you attend our Post-Purchase Class.

We do require that you attend this class as you are applying for the product. If you fail to complete this class, no further progress will be made with your application regardless of your eligibility for the product.

Included in this packet you will find:

- Class Description
- Course Schedule
- Class Registration Form

The Post-Purchase Class is an eight-hour course and is FREE. During the course we will review the process for receiving our home improvement products, review all paperwork and loan documents and answer any questions you may have in addition to discussing personal finance, credit and home maintenance.

Please fill out the enclosed registration form and return to: The HomeOwnership Center, 1611 Genesee St., Utica, NY 13501. Your registration form must be received in order to attend – we do not accept walk-ins. Classes fill up quickly, which means you may want to put down your first AND second choice. If you have any questions, please feel free to call our office at (315) 724-4197.

We look forward to assisting you.

Sincerely,

Julie Jalowiec
HomeOwnership Coordinator

UNHS NeighborWorks®
HomeOwnership Center
1611 Genesee St.
Utica, NY 13501
(315) 724-4197

Post Purchase Education and Workshops

Class Description:

The HomeOwnership Center offers an eight-hour Post-Purchase education program. As a member of NeighborWorks® Network, The HomeOwnership Center has certified educators to present comprehensive information on financial fitness and home maintenance issues.

The class consists of 8 hours of interactive classroom learning. The course is designed to educate consumers in matters of money management, which includes basic budgeting and understanding how to use credit wisely. It is also designed to review the home purchase process and update consumers on all of the changes in the banking and real estate worlds. The class is designed to help consumers with:

- Short-term and long-term financial goals
- Developing new skills to manage finances wisely
- Understanding the financial system
- Maximizing income, savings and assets
- Protecting your home and your finances

In order to complete the Post-Purchase Class, you will take 8 hours of class time that includes:

- **Money Management**
- **Understanding Your Credit**
- **Getting a Loan**
- **Purchase Process and Real Estate Contracts**
- **Keeping your Home and Managing your Finances**
- **Overview of The HomeOwnership Center's Housing Rehab Programs**

In addition to the classes, we also offer Post-Purchase Workshops. Workshops are typically held once a month on various topics concerning managing finances, home repairs, credit and identity theft and more. Contact the HomeOwnership Center to learn more.

Past workshops have included the following topics:

- Insurance - What do I need and why do I need it?
- Home Maintenance - Fix it Before it gets worse!
- Your Home - Home Safety and Energy Efficiency

POST-PURCHASE CLASS REGISTRATION FORM

NAME(S): _____

ADDRESS: _____

PHONE: _____

NUMBER OF PEOPLE ATTENDING: _____

CLASS

DATE(S): _____

❖ **Cost:** Free!

❖ **Cancellation Policy:** It is requested that you notify The HomeOwnership Center at least 24 hours in advance so we can plan on expected attendance.

❖ **Certification:** At completion of the class, you will receive a certification for the course, which qualifies you for many of the post-purchase products offered by The HomeOwnership Center.