

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 our emergency home repair/home improvement loan programs.

We provide an overview of our home improvement programs 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:

- Intake Form
- Document Checklist
- Post-Purchase Class Description, Course Schedule and 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

Household Type (please select the most accurate)?

- 1. Female headed single parent household 2. Male headed single parent household 3. Single adult
- 4. Two or more unrelated adults 5. Married with dependents 6. Married without dependents 7. Other

Family/Household Size: _____ (including yourself)

How many dependents? _____ What ages are they? _____, _____, _____, _____, _____

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

Name	Relationship to Applicant	Age	Name	Relationship to Applicant	Age
------	---------------------------	-----	------	---------------------------	-----

(If you list any dependents over age 18 or any non-dependents, you must also submit their income. They must also provide proof that the customer address is their primary address. If proof of primary residency is not submitted with the application, dependents over age 18 and non-dependents will not be counted toward household size.)

Annual Household Income: \$ _____

CO-APPLICANT PLEASE PRINT CLEARLY // ALL FIELDS ARE REQUIRED

Name: _____
First
MI
Last

Street _____

City	State	Zip Code
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Home: (____) _____-____ Work: (____) _____-____ Email: _____

Social Security Number	Birth Date
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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)

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

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>Have your payments been made on time?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you currently in Chapter 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</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>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</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.

**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
ROP Inspection Report/Written Code Violation	ROP Inspection Report/Written Code Violation
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.

*Income verification must be submitted for ALL income earners in the household over the age of 18, regardless of ownership status.

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.

2011 Post Purchase Education Schedule

Month	Tuesday and Wednesday Dates (5-7 P.M.) *2 weeks consecutively	Saturday Dates* (9 A.M. - 5 P.M.) 45 min. lunch break on your own (note: lunch will not be provided)
January	January 4, 5, 11 and 12	January 8 or 22
February	February 1, 2, 8 and 9	February 12 or 26
March	March 15, 16, 22 and 23	March 12 or 26
April	April 12, 13, 19 and 20	April 9 or 23
May	May 3, 4, 10 and 11	May 7 or 14
June	June 7, 8, 14 and 15	June 11 or 25
July	July 12, 13, 19 and 20	July 9 or 23
August	August 16, 17, 23 and 24	August 6 or 20
September	September 13, 14, 20 and 21	September 10 or 24
October	October 18, 19, 25 and 26	October 15 or 29
November	November 8, 9, 15 and 16	November 5 or 19
December	Nov. 29, 30, Dec. 6 and 7	December 3 or 10

* The second Saturday class listed each month will take place if the first Saturday class is full. You will be registered for the first class. Once the first class is full, we will accept registration and will hold the second class if our minimum attendance is met. If you are unsure which class you will be attending, please call 724-4197 Monday through Thursday between 8 a.m. and 4:30 p.m.