

HOME REPAIR APPLICATION

SPECIAL NOTE: Any unanswered questions or lack of attachments will result in the postponement or the return of your application.

GENERAL INFORMATION

1. Name _____ Age _____ Date of Birth _____

2. Mailing Address _____
 Street Address _____

 City _____ Zip Code _____

3. Actual Address (if different) _____

4. Email Address: _____

5. Telephone Number (_____) _____ County _____

6. Second Contact: Preferably a relative, friend or neighbor who has a separate phone number. Please let this person know you have submitted his or her name.

 Print Name Phone Number (with Area Code) Relationship

7. List below **ALL** household members **including yourself** (Use additional sheet if necessary.)

Name	Relationship	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note that your eligibility for the housing rehabilitation programs is based on:

1. **All household members income (including all non-taxable income.)**
2. **Condition of property**
3. **Grant funding available**
4. **Accessibility needs**

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____



EMPLOYMENT / INCOME

(List All Income for Everyone Living in the Home. Use Additional Sheet(s) if Necessary)

A) Employed Applicant(s)

1. Name of Company _____

Address _____

Supervisor _____ Phone # _____

Annual Income _____ Hourly Rate _____

2. Name of Company _____

Address _____

Supervisor _____ Phone # _____

Annual Income _____ Hourly Rate _____

	<u>Rec'd</u>	<u>Name</u>	<u>Amount \$</u>
B) Unemployment:	weekly	_____	_____
C) Retirement:	monthly	_____	_____
D) Social Security:	monthly	_____	_____
E) S.S.I.:	monthly	_____	_____
F) Child Support:	monthly	_____	_____
G) Alimony:	monthly	_____	_____
H) Public Assist:	monthly	_____	_____
I) Other Income (specify):		_____	_____

ASSETS FOR EVERYONE LIVING IN THE HOME

Assets include, but are not limited to:

- | | | |
|---|-----------------------------|---------------------------------|
| CD's | savings accounts | cash in checking accounts |
| stocks, bonds | treasurer bill | money market account |
| retirements & Keogh accounts | retirements & pension funds | antique cars |
| second and other vehicles | collections | motor cycles |
| camper | RVs | 4-wheeler |
| personal property held as an investment | personal investments | life insurances with cash value |
| rental or vacation properties (includes vacant properties, or land) | | |

Name of Family Member	Asset Description	Current Cash Value	Income From Asset
Total Actual Asset Income			

MONTHLY EXPENSE REPORT

Please complete and attach copies of receipts or bills for items requiring monthly payments.

	WEEKLY	MONTHLY
Mortgage payment	\$	\$
Electric		
Heat (fuel, oil, gas, wood, etc.)		
Telephone		
Groceries		
Insurances <u>Auto</u> _____ <u>Life</u> _____ <u>Hospital</u> _____ <u>Homeowners</u> _____		
Taxes: <u>City/Town & County</u> <u>School</u>		
Cable TV		
Appliance Payments (TV, Stove Refig., etc) Name of company paid to:		
Furniture Payments Name of Company		
Transportation <u>Car/Gas</u> _____ <u>Taxi</u> _____ <u>Bus</u> _____		
Laundromat		
Credit Card Payment(s)		
Credit Card Payment(s)		
Credit Card Payment(s)		
Credit Card Payment(s)		
Medical (prescriptions, Doctors, etc.)		
Recreation		
Other (please specify)		
TOTAL EXPENSES	\$	\$

MILITARY STATUS of Anyone in the Household

Active Military - YES _____

National Guard - YES _____

Reserve Duty - YES _____

Veteran Status _____

Did any Veteran in the Household incur a disability in time of war? YES _____

Please answer the following:

- 1. Do you have children ages 6 or under living in your home? YES ___ NO ___
- 2. Have the children been tested for lead? YES ___ NO ___
(All children ages 6 & under must have lead testing and results submitted to Sheen Housing)
- 3. Any members of the household disabled/handicapped? YES ___ NO ___
- 4. Is your house located in an **HISTORIC DISTRICT**? YES ___ NO ___
- 5. Head of household? M ___ F ___
- 6. Have you ever been assisted by Sheen Housing? YES ___ NO ___
If so, Date: _____ Amount Received: _____
Work Done: _____

- 7. Have you had grant assistance from other agencies for purchase or repair? YES ___ NO ___
If you have, please give date assisted and organization:

Date	Organization
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- 8. Have you had weatherization in the past 10 years? YES ___ NO ___
If yes, date of assistance: _____

- 9. Year house was built? _____ (Mobile Home Only) Year _____ Size _____

- 10. How long have you owned your home? _____ Number of Bedrooms _____

- 11. Do you own property other than the property you are living in (vacation, rental, vacant land, etc.)?
Yes ___ No ___ Type of Property _____

- 12. Are your property taxes paid in full? (Town, County, Village, School) YES ___ NO ___
If no, how much do you owe? \$ _____

- 13. Have you filed for bankruptcy (personal or business)? in the past 7 years or have a pending bankruptcy? YES ___ NO ___
If so, Date: _____

- 14. I/We have a relationship or association with The County, Town or Sheen Housing. YES ___ NO ___

If yes: _____

Name	Relationship
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- 15. Who referred you to Sheen Housing? _____

- 16. Number of smoke detectors in your home: _____

- 17. Number of carbon monoxide detectors in your home: _____

- 18. Do you currently have health insurance? Yes ___ No ___

- 19. Are you on Medicaid? Yes ___ No ___

If yes, please send current Medicaid proof with this Application.

Please read this section carefully:

1. I/We hereby certify that I am the owner and occupant of the property to be improved.
2. I/We certify that the information provided in this application is true and correct to the best of my knowledge and contains no willful misrepresentation.
3. I/We understand that false statements or information are grounds for termination of assistance and collection of monies previously spent on the house and property.
4. I/We agree to cooperate with Sheen Housing and Town, City or County Officials with all required procedures.
5. By signing this application for home repairs I/we agree the IF I/WE ARE AWARDED A GRANT I/we must own and occupy the property for a period of 2, 3, or 5 years depending upon the grant program.
6. I/We understand that if the property is sold, title transferred, or I/we no longer reside in the home prior to the lien(s) expiration dates, this GRANT will become payable in full.
7. I/We understand that I/we will be required to sign documents other than this application and that a lien(s) will be placed against my property.
8. I/We understand that by signing the application, this is a legal and binding instrument for information and term requirements as per the grants received:
 - a) HOME Grants: Five (5) years / AHC Grants: up to Five (5) years
 - b) HPG, Access to Home and RESTORE: Three (3) years
9. All Grants are under the supervision of Sheen Housing. All grant requirements must be met or the grant will be withdrawn and I/we will be financially responsible for the balance of the unpaid contract.
10. I/We understand that a SUBORDINATION for other loans or refinancing on this home will not be given to a bank or mortgage company for the term of the lien.
11. I/We understand that if I/we have received a previous grant through Sheen Housing I/we may not be eligible for other grant programs (depending on the grant) at this time.
12. I/We hereby give permission to Sheen Housing to use any photograph and/or material relating to the repairs made on my home. I also agree to local or state inspections as required.

Sign and date below. Unsigned applications will be returned.

Print Name	/	Signature	Date
Print Name	/	Signature	Date

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting the discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race: (Mark one or more)

White _____	Black or African American _____
Asian _____	American Indian/Alaska Native _____
Native Hawaiian or other Pacific Islander _____	

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

A complete application includes, but is not limited to the following:

- 1. Copy of your deed (showing a land description, filing date, liber and page number).
- 2. Income verification:
 - o Social Security/SSI/Unemployment – Benefit Change Letter or call **1-800-772-1213** to request print out. (Bank statements cannot be accepted as verification.)
 - o Pension/Retirement-current letter or printout from company. (Bank statements cannot be accepted as verification.)
 - o Filed income Tax Return- last years filed income tax return for everyone living in the home and the W-2 Forms from all employers.

If you do not file income tax, please check the box below and initial.
[] **I do not file yearly income tax returns:** _____
(must be initialed)

 - o Last eight (8) current pay stubs from all employed adults (18 years of age or over) living in the home.
 - o Self-Employment- last 2 years filed income tax returns & Schedule C.
 - o Alimony/Child Support-court papers or support collection printout.
- 3. A copy of the Birth Certificate or Social Security Card or Green Card for all household members.
- 4. A copy of your driver's license
- 5. Copy of school, county, village and town tax statements showing payments are current
- 6. Homeowner's insurance Declaration page showing effective dates
- 7. Six months of **complete** current bank statement(s) (checking and savings) or six months of print-outs from your bank(s).
- 8. Receipt for last mortgage payment.
- 9. Asset verification. Submit verification for all assets.
- 10. Copies of utility and all monthly bills.
- 11. Mobile Home Owners living in parks: submit copy of bill of sale or copy of the title for mobile home, as well as the Property Tax Map ID# and SWIS code numbers. (Park manager or property owner can assist.)
- 12. **Accessibility repair requests require a referral from your Doctor or Healthcare Provider**

Please list the most critical repair and accessibility needs:

ELIGIBILITY RELEASE FORM

Sheen Housing

PO Box 460
Bloomfield, NY 14469
585-657-4114

Purpose: Your signature on this Form, and signatures of each member of the household 18 years of age or older, authorizes Sheen Housing to obtain information from a third party regarding your eligibility.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) requires this information to determine program eligibility and the amount of funding assistance necessary. The information is used to establish eligibility; to protect the Government's financial interest; and to verify accuracy of the information provided. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility. HUD is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign an Eligibility Release Form.

Verification Required for:	Homeowner's Initials
Income (All Sources)	
Assets (All Sources)	

Information Covered: Inquiries may be made about items initialed by applicant.

Authorization: I authorize Sheen Housing to obtain information about me and my household that is pertinent to eligibility in the Home Repair Program.

Signatures:

Head of Household – Family Member HEAD:	

(Signature)	
_____	_____
(Printed Name)	(Date)

Other Adult Member of the Household – Family Member #2	

(Signature)	
_____	_____
(Printed Name)	(Date)

Other Adult Member of the Household – Family Member #3	

(Signature)	
_____	_____
(Printed Name)	(Date)

Other Adult Member of the Household – Family Member #4	

(Signature)	
_____	_____
(Printed Name)	(Date)

CLIENT DISCLOSURE

Bishop Sheen Ecumenical Housing Foundation, Inc, (Sheen Housing) provides Housing Counseling Assistance free of charge and is informing you, our client, that you are free to choose lenders, lending products, homes, realtors, attorneys an any other party directly or indirectly connected with your housing concern regardless of the recommendations made by Sheen Housing's Counselors. Clients are not obligated to seek assistance from partnerships that have been established. While Sheen Housing strives to stay informed of the best available products and services, other unknown lending products and forms of assistance may be available elsewhere. Clients are under no obligation to utilize any of these services, but are free to make their own choices in all aspects of housing counseling.

Sheen Housing may help analyze clients' financial and/or credit situation, identify barriers to affordable housing, and develop a plan to remove barriers. The counselor may also provide assistance in debt management by helping clients prepare a monthly, manageable budget and spending plan. I will not be the responsibility of the counselor to "fix" the problem, but rather to provide guidance and education which may enable clients to resolve their personal financial challenges

In providing Housing Counseling services, housing counselors may present to their clients several options n pursuing housing, which may include recommendations for some of Sheen Housing's other various programs. The housing counselor will recommend only services that are in the client's best interest.

Sheen Housing provides the following services:

Home Repair Programs including:

HOME Programs

RESTORE Programs

Access to Home Programs

Rural Development Programs

United Way Programs

Housing Counseling Programs including:

US Dept. Of HUD

Sheen Housing receives funding for housing counseling services through:

US Dept. of HUD

NYS Housing Finance Agency

Tompkins Bank of Castile

M & T Bank

First Niagara Financial Group

Various other sources

As the client, you have the right to choose the product or service that you feel is right for you regardless of any recommendation made by the counselor. Your decision to utilize or not utilize certain programs and products will not affect your housing counseling service.

I, the undersigned, have been given a copy of this disclosure and understand Sheen Housing's policy regarding conflict of interest as stated above.

Signature of Applicant(s)

Signature

Signature

Date

Date