

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



PH: (315) 376 -2639
FAX: (315) 376- 2518
NYS RELAY SERVICE NO. TTD (800) 662-1220



DIRECT HOMEOWNERSHIP ASSISTANCE PROGRAM

If you need more space for any question, please include additional information on an attached sheet.

APPLICANT **DATE OF BIRTH** **SOC. SEC. #**

CO-APPLICANT **DATE OF BIRTH** **SOC. SEC. #**

CURRENT ADDRESS :

Street and/or PO Box No. _____

Village or Town, and Zip Code _____

How long have you lived at this address? _____

PHONE NUMBER: _____ **CELL NUMBER:** _____

EMAIL ADDRESS: _____ **RENTAL AMOUNT::** _____

DEPENDENT'S NAMES:

1. _____ **AGE:** _____ **RELATIONSHIP:** _____

2. _____ **AGE:** _____ **RELATIONSHIP:** _____

3. _____ **AGE:** _____ **RELATIONSHIP:** _____

4. _____ **AGE:** _____ **RELATIONSHIP:** _____

EARNED INCOME: Include all employment and self-employment income for adult household members. For self-employment – show Net Business Income.

LENGTH OF EMPLOYMENT	EMPLOYER NAME/ADDRESS	AMOUNT
_____	_____	\$ _____ per YRS.
_____	_____	\$ _____ per YRS.
_____	_____	\$ _____ per YRS.

OTHER HOUSEHOLD INCOME FOR LAST YEAR and OTHER HOUSEHOLD PROJECTED INCOME FOR CURRENT YEAR: (for example: Veteran's, SSI, SSD, Pension, Interest, Dividends, Alimony, Child Support)

_____ \$ _____ per _____

_____ \$ _____ per _____

_____ \$ _____ per _____

OTHER ASSETS: (For example: Savings Accounts, Real Property, Investments, I.R.A.'s, Certificate of Deposit, etc.)

_____ \$ _____ (cash
value)

_____ \$ _____ (cash
value)

_____ \$ _____ (cash value)

Do you now own, or have you ever owned your own home? Yes _____ No _____

If yes to the above, how long has it been since you owned your home? _____

Explain if necessary: _____

Do you anticipate having any funds to put into this project? Yes _____ No _____

If yes approximately how much? \$ _____ From what source? _____

DEBT STRUCTURE:

Are you and/or Co-Applicant current on all debts? Yes _____ No _____

Have you and/or Co-Applicant ever had debts turned over for collection? Yes _____
No _____

Do you and/or Co-Applicant have any debts currently at a Credit Bureau for collection?

Yes _____ No _____

Are you a co-signer on any loans? Yes _____ No _____

If yes, please explain _____

Have you and/or Co-Applicant ever declared bankruptcy? Yes _____ No _____

If yes, when was the bankruptcy discharged? _____

Why was the bankruptcy declared? _____

Please provide below payments for all household debt:

Applicant: Car Loan: \$ _____/month. How many months remaining? _____

Co-Applicant: Car Loan: \$ _____/month. How many months remaining? _____

REFERENCE:

	APPLICANT		CO-APPLICANT	
	Mo. Payment	Balance	Mo. Payment	Balance
MasterCard	\$ _____	\$ _____	\$ _____	\$ _____
Visa	\$ _____	\$ _____	\$ _____	\$ _____
Discover	\$ _____	\$ _____	\$ _____	\$ _____
JC Penney	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify) _____	\$ _____	\$ _____	\$ _____	\$ _____
Student Loan	\$ _____	\$ _____	\$ _____	\$ _____
Personal Loan	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

CONFLICT OF INTEREST – Are you related to:

Any Board Member of Snow Belt Housing Company, Inc.? Yes _____ No _____
 Any employee of Snow Belt Housing Company, Inc.? Yes _____ No _____
 Any Public Official of the Municipality in which you live? Yes _____ No _____

Have you ever applied for a housing grant from a housing agency in Lewis County?

Yes _____ No _____

If YES, to what agency? _____
 How much was the Grant for? \$ _____. If applied for and not provided, why was it denied? _____

STATISTICAL DATA:

Federal and State Law prohibit discrimination on the basis of age, sex, race, national or ethnic origin, handicap or familial status. The Snow Belt Housing Company, Inc. and the County of Lewis is committed to serving its community without discrimination, and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. The data is for statistical purposes and will not be considered by any local, State, or Federal official in determining an applicant's eligibility for assistance.

Sex of Head of Household:	_____ Male	_____ Female
Age of Head of Household:	_____ years of age	
Is any member of household handicapped?	_____ Yes	_____ No
Is any member of household disabled?	_____ Yes	_____ No
Are you a citizen of the United States?	_____ Yes	_____ No
Are you a Veteran?	_____ No	_____ Yes
Dates:	_____ to _____	

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting 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.

1. Check applicable box:
____ White ____ Black/African American ____ Asian ____ Asian & White ____ American Indian/Alaskan Native
____ Native Hawaiian/Other Pacific Islander ____ American Indian/Alaskan Native & White ____ Asian/Pacific Islander
____ Black/African American & White ____ American Indian/Alaskan Native & Black/African American ____ Other Multi-Racial
2. Check applicable box:
_____ Hispanic or Latino _____ Not Hispanic or Latino

All information provided will be kept confidential. All applications become the property of the SBHCI.

ACKNOWLEDGEMENT AND CONSENT:

I (we) understand the terms and conditions of the Note and Mortgage. I (we) must sign for receipt of the Grant/Deferred Loan funds and that the term of the Note and Mortgage will be for a period between FIVE to Ten-year period.

I (we) hereby certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by applicant or co-applicant will disqualify the applicant from participation in this Program and may be subject to prosecution.

I (we) hereby consent to and authorize the Snow Belt Housing Company, Inc. to:

- (a) obtain verification of information required for compliance within the regulations of this program, including income, expenses, employment, and contractor estimates;
- (b) upon giving reasonable notice, to enter the applicant's property for the purpose of inspecting work in progress or to inspect completed work;
- (c) obtain a TRW credit report from Utica Credit Bureau.

Understanding the conditions of this Program, I (we) hereby apply for Homeownership Assistance from the Snow Belt Housing Company, Inc. for Grant/Deferred Loan for the purpose of purchasing an existing single family home as my primary residence.

Applicant

Co-Applicant

Date _____

Date _____

TRW CREDIT REPORT REQUEST AUTHORIZATION:

I (we) hereby authorize the Snow Belt Housing Company, Inc. to obtain a written credit bureau report from the Credit Bureau of Utica, New York.

I (we) understand there will be a charge of \$40.00 to be paid directly to Snow Belt Housing Company, Inc. in ADVANCE.

Applicant

Co-Applicant

Date _____

Date _____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.

Complaints of discrimination may be filed by contacting:

U.S. Department of Housing and Urban Development (HUD)
Mail: 26 Federal Plaza, Room 3532, New York, New York 10278-0068
Call: 800 669 9777 (TTY: 800 927 9275)

OR

USDA, Director, Office of Civil Rights
Mail: 1400 Independence Ave S.W., Washington DC 20250 9410
Call: (800) 795 3272 (TDO: 202 720 6382)

Online: http://www.ascr.usda.gov/complaint_filing_cust.html
Email: program.intake@usda.gov