

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



REHABILITATION / HOME IMPROVEMENT PROGRAM APPLICATION

Applicant's Name **Social Security Number** **Date of birth**

Co-Applicant's Name **Social Security Number** **Date of birth**

Dependents (Name, Age, Relationship)

Other Adult Members of Household(Non-Dependent) (Name, Age, and Relationship)

911 Address: (Street, Township, City, and Zip Code) **Home Telephone Number**

Mailing Address: (if different than above) **Cell Number**

Email address

How long at the above address? _____

Earned Income (Include employment and self-employment income for all household members for the last tax year):

Name	Employer	Annual Gross Wages	Date

Income - List all income (year-to-date earnings) for current year:

Other Income Sources (Veterans, SSI, Pension, Rental Income, Interest, Child Support, Alimony, etc.):

_____ \$ _____ Per

_____ \$ _____ Per

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



Bank Accounts:

Name/Address of Bank(s)

Yes No Checking \$ _____

Yes No Savings \$ _____

Other Assets - Please list your assets and estimate the value of: home, car(s), other real property, mutual funds, stocks, bonds, etc.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Debts - Please list your debts and the amounts: mortgage installment accounts, auto and other loans.

DEBTOR	PURPOSE	DATE INCURRED	AMOUNT	BALANCE	PAYMENT
--------	---------	---------------	--------	---------	---------

Home Improvement – Have you owned and occupied your residence for one year or longer?

Yes _____ or No _____

Number of Rooms

Number of Bedrooms

Number of Baths

***Directions to the Home*:** _____

Name of Title/Deed Holder(s): _____

What is your current property tax assessment? _____

Type of Home (i.e. single, multi-family, mobile, farm, etc.): _____

Year Built (approximate): _____ **Date of Mortgage** (approximate): _____

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



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_____

Any Public Official of Lewis County? Yes_____ No_____

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

If YES, to what agency? _____

If applied to another agency and not approved, why was it denied? _____

HOUSE ASSESSMENT

Foundation: GOOD FAIR POOR

What type of foundation does your house have?

_____ Condition?

Roof:

What type of roof (asphalt, shingle, metal roll)?

_____ Condition?

Exterior:

What type of siding?

_____ Condition?

Doors and Windows:

How many doors?_____ Condition?

Windows?_____ Condition?

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



Plumbing:

Type of plumbing? _____ Condition?

Electrical:

What size electrical entrance? _____ Amps

_____ Fuse Type? _____ Breakers? Do you use many extension cords? _____

Heating System:

What type of heating system? _____

How old is the heating system? _____ Years

What specific home improvements do YOU feel are most necessary?

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



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**

Snow Belt Housing Company, Inc. 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 following data is for statistical purposes only and will not be used by any local, state or federal agency in making decisions regarding assistance.

Sex of Head of Household: Male Female

Age of Head of Household: _____ years of age

Is any member of your household handicapped or disabled? Yes No

If yes, number of disabled members _____

Is any member of your household a veteran? Yes No

If yes, number of veterans _____

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.
THEN SIGN AT THE BOTTOM.
ALL ADULT HOUSEHOLD MEMBERS MUST SIGN.**

I (we) hereby apply for Rehabilitation/Home Improvement financial assistance from Snow Belt Housing Company, Inc. for funds toward the cost of improvements to our existing owner-occupied home, which I (we) certify is my (our) legal, full-time, primary residence.

- i. I (we) have read the accompanying Handbook and agree to sign a “2 to 10-year affordability/residency requirement agreement” for the amount of the cost of the rehabilitation work done to my (our) home.
- ii. 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 will disqualify the applicant from participation in the program and may be subject to prosecution.**
- iii. I (we) hereby consent and authorize Snow Belt Housing Company, Inc. to:
 - (a) obtain verification of information required for compliance within the regulations of this program, including expenses, employment, property appraisal, contractor estimates, and credit report;
 - (b) upon giving reasonable notice, to enter the applicant’s property for the purpose of determining what improvements are needed and to inspect completed work.
- iv. I (we) hereby give Snow Belt Housing Company, Inc. permission to discuss this application and/or project with the following people (family members, partners, case workers, etc.) [check one box and fill in a, b, or c as necessary]:

As listed below or **With no one**

a) _____
Name & Telephone number

Relationship

b) _____
Name & Telephone number

Relationship

c) _____
Name & Telephone number

Relationship

Applicant’s Signature Date

Co-Applicant’s Signature Date

****What is the best way to reach you during business hours (Monday – Friday 9:00 am – 4:00 pm) (please provide contact information)***

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



AUTHORIZATION FOR RELEASE OF INFORMATION

Consent

I authorize and direct any Federal, State, or Local Agency, Organization, Business, or Individual to release to Snow Belt Housing Company, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- * Section 221 BHIR
- * Rent Supplement
- * Section 236
- * DHCR
- * USDA
- * Rent Assistance Payments (RAP)
- * Section 8 Housing Assistance Payments Programs
- * PHFA
- * CDBG

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development in administering and enforcing program rules and policies.

Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding myself, or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- * Identity and Marital Status
- * Income and Assets
- * Medical or Child Care Allowances
- * Credit and Criminal Activity
- * Employment
- * Residences/Rental Activity
- * Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, or continued participation in, a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- * Previous Landlords (including Public Housing Agencies)
- * Post Offices
- * Schools and Colleges
- * Support and Alimony Providers
- * Past and Present Employers
- * Welfare Agencies
- * State Unemployment Agencies
- * Social Security Administration
- * Medical and Child Care Providers

SNOW BELT HOUSING COMPANY, INC.

7500 SOUTH STATE STREET
LOWVILLE, NY 13367



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



- * Veterans Administration
- * Banks and other Financial Institutions
- * Retirement Systems
- * Credit Providers and Credit Bureaus
- * Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer-matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties, exchange such automated information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U. S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be for the purposes stated above. The original signed authorization is on file with the management office, and will remain in effect for thirteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Head of Household

Signature

(Print Name)

Date

Co-Head of Household

Signature

(Print Name)

Date

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.