



Dear Customer,

Thank you for contacting the HomeOwnershipCenter!

We offer a variety of services and revolving grant programs for our customers. The requirements of these programs are always changing and we understand you may not know which would be the most beneficial to you. We have created our universal application, which is enclosed, that you can fill out and return to us via the mail or in person.

Please specify in the blank box on the last page of the application, what service(s) you are interested in. This will give us an idea of what program we can apply your application towards and get you the best service for your needs.

If you have any questions, please feel free to contact us at (315) 724-4197. We look forward to working with you!

Sincerely,

The HomeOwnershipCenter





PROGRAM APPLICATION

APPLICANT				CO-APPLICANT			
Applicant Name		Date of Birth		Co-Applicant Name		Date of Birth	
Social Security Number	Home Phone	Cell Phone		Social Security Number	Home Phone	Cell Phone	
Address (Street)				Address (Street)			
Address (City)		(State)	(Zip)	Address (City)		(State)	(Zip)
County		Email Address		County		Email Address	
# of Units	Manufactured Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Years at this Address?	# of People in Household?	# of Units	Manufactured Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Years at this Address?	# of People in Household?
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Highest Level of Education Obtained <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equivalent <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters				Highest Level of Education Obtained <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equivalent <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters			

EMPLOYMENT INFORMATION					
Applicant Employer Name & Address		Date of Hire	Self-Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	Co-Applicant Employer Name & Address	
		Business Phone		Date of Hire	
				Self Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
				Business Phone	
Position/Title		Annual Income		Position/Title	
				Annual Income	
Previous Employer (if less than 2 years at current employer)			Previous Employer (if less than 2 years at current employer)		

ADDITIONAL INCOME INFORMATION		
Category	Applicant	Co-Applicant
Social Security / SSD / SSI	\$	\$
Pension	\$	\$
Child Support	\$	\$
Other	\$	\$

HOUSEHOLD INFORMATION			
<i>Please list ALL persons currently living in your household (Including applicant & co-applicant)</i>			
Name	Date of Birth	Annual Salary (if any)	Source of Income



PROGRAM APPLICATION

PROPERTY INFORMATION				
Address of property (if different from above)		Is the property your primary residence?		Name that appears on Deed/Title
Value of Property	Date Purchased	Mortgage Balance	Owner Occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO	Tenants? <input type="checkbox"/> YES <input type="checkbox"/> NO
List all known structural issues (Home repair only)			Do you have a written Codes Violation or ROP Report? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CERTIFICATIONS		
	Applicant	Co-Applicant
Are you a US Citizen or A Permanent resident alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any outstanding judgments? If yes, Date Discharged _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last seven years, have you been declared bankrupt? If yes check one: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Date Discharged _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Party in a lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you obligated to pay alimony, child support or separate maintenance? If yes, list amount: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any past-due obligations owed to or insured by an agency of the federal government?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive alimony, child support or separate maintenance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive Social Security and/or disability benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you Active Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a HECM loan (Reverse Mortgage) on your property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Life Estate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INFORMATION FOR GOVERNMENT MONITORING PURPOSES			
<p>The following 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. If you do not wish to furnish this information, please check the box below. (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.)</p>			
APPLICANT <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO	CO-APPLICANT <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please tell us how you heard about us...
<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Referral: if referral, by who? _____ <input type="checkbox"/> Other _____



PROGRAM APPLICATION

SIGNATURE SECTION

I (we) certify that all the information provided in this application is true and correct to the best of my (our) knowledge and contains no willful misrepresentations. I (we) understand that any willful misstatement of material fact contained herein may be grounds for disqualification from our programs. I (We) understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application.

I (We) authorize that staff of HomeOwnershipCenter to obtain income and asset verifications from all household income sources. I (We) authorize HomeOwnershipCenter to also obtain credit reports in connection with this application and as need based on program requirements. I (We) authorize the HomeOwnershipCenter to 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 (when applicable). I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act.

I (We) acknowledge that I have read and received a copy of the HomeOwnershipCenter's Privacy Policy. I (We) understand that any intentional or negligent misrepresentation(s) of the information contained on this application may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

For Loan Projects Only:

I (We) understand that a lien will be placed against my (our) property for the total amount of the loan, plus fees. I (We understand that loan funds provided by the HomeOwnershipCenter may be federal dollars and that certain restrictions, guidelines and standards apply. I (We understand that if I (we) refuse to accept and/or follow said standards as created by the HomeOwnershipCenter policies and programs that our application may be denied and no loan funds issued.

I/We confirm that all of the information provided is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to provide the counselor with necessary information or documents in a timely manner will result in the closing of our file.

I (We) have read and understand all the information contained in this program application:

Signature of Primary Applicant

Date

Signature of Co-Applicant

Date

FOR OFFICE USE ONLY

Please select a Program:

- Homebuyer Education
- Financial Coaching
- City of Utica Home Repair Program
- City of Rome Home Repair Program
- Manufactured Home Replacement
- HECM/Reverse Mortgage
- Foreclosure Intervention/Prevention
- Home Rehabilitation/Other

NOTES:



Privacy Policy

The HomeOwnershipCenter is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical considerations. Your “non-public personal information” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you verbally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, your creditors or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

- You have the opportunity to “opt-out” of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If, at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (315) 724-4197 and do so.

Release of your information to third parties:

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical electronic and procedural safeguards that comply with federal regulations to guard your nonpublic physical information.

