

Oneida County Home Rehabilitation Program

Thank you for inquiring about the home rehabilitation program through the HomeOwnershipCenter (HOC). This program will provide housing rehabilitation assistance to low-income homeowners. Rehabilitation will be focused on health and safety, useful life, energy efficiency, and accessibility.

In order to get started on the application process, please return the following:

- Completed & signed program application
- Required supporting documentation (see document checklist)

Note: Completed applications are processed on a first come, first approval basis.

Eligibility Requirements:

- 1 unit property must be located in Oneida County (**Excluding Utica and Rome**).
- Household gross income must be no more than 80% of the area median income for the area in which they reside (HUD Guidelines). Annual income is projected based on current financial circumstances at time of application. See chart below:

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$49,850	\$57,000	\$64,100	\$71,200	\$76,900	\$82,600	\$88,300	\$94,000

- Applicants must own and occupy the property for which the application is submitted. Properties with life use, reverse mortgage, or properties held in trusts are not eligible.
- The property must be current on all property and school taxes.
- Must be current on mortgage payments, insurance, and all utility bills.
- Homes located in a flood zone will be addressed on a case-by-case basis. Flood insurance may be required.

The Program Design will also include the following:

This is awarded as a Deferred Forgivable Grant .	
Amount: Varies, contingent upon Housing Quality Standards inspection. Grant not to exceed \$40,000.	
Term: 5 years	
Interest: 0%	Monthly Payment: \$0.00
The HomeOwnershipCenter will file a declaration of interest on the property for the full amount of the deferred grant for a period of five (5) years. If the borrower retains ownership of the property, the grant is forgiven. If the home is sold or transferred prior to that time, the deferred grant becomes due and payable to the HomeOwnershipCenter. For questions, please call our office at (315) 724-4197.	

Oneida County Home Rehabilitation Program Fact Sheet

Applicant Eligibility Requirements:

- Gross annual income must be at or below 80% of HUD low-income limits adjusted for Oneida County (see chart on page 1).
- Must own and occupy the property as your primary residence.

Property Requirements:

- Existing 1 unit property situated within the target area of Oneida County (**Excluding Utica and Rome**).
- Property must have a current Certificate of Homeowner's Insurance. (Applicant must agree to name Oneida County as "Loss Payee" on the homeowner's policy before signing closing paperwork.)
- Homes situated in flood zones other than A zones will be evaluated on a case-by-case basis. Approval of rehabilitation on homes in a flood zone depends on the local municipal code, and program regulations. Homes repaired in flood zones will be required to maintain flood insurance.
- All properties must be current on taxes, insurance, and utilities.

Ineligible Properties:

- Single wide manufactured homes (mobile homes)
- Homes in Manufactured Home Parks
- Homes on rented land
- Homes in foreclosure or for sale
- Homes listed for auction
- Homes with delinquent tax and utility bills
- Homes on farmland
- Homes within 100-year floodplain (zone A)
- Homes that require rehabilitation above the amount of funding available
- Inhabitable spaces without utilities connected and operating including but not limited to heat, electricity, water and sewer drainage
- Homes with unsanitary conditions including but not limited to pet waste, rodent infestation, fleas/pests, noxious odors, hazardous waste (please see Housing Rehabilitation Program Standards & Property Condition Requirements)
- Properties with life use
- Properties held in trusts
- Properties with a reverse mortgage

Housing Rehabilitation Program Standards & Property Condition Requirements

Before You Apply – Read This Carefully

Please do not submit an application unless your property meets *all* of the following property conditions and eligibility requirements. Applications will be **automatically disqualified** if the property does not meet these standards at the time of the scheduled evaluation. **No exceptions will be made.**

What to Expect if Your Property is Eligible

Upon program approval and confirmation that your property meets the required conditions, a representative from the HomeOwnershipCenter (HOC) will schedule and conduct a property evaluation. If the property passes this evaluation, the HOC Representative will develop a scope of work based on the property's needs.

Program funds are used **exclusively** to address health and safety concerns or extend the useful life of major home components. All work is subject to funding limits and must align with program guidelines. **Only builder-grade replacement materials are eligible.**

Ineligible Uses of Funds

The following repairs, upgrades, or changes are *not covered* by this program:

- Garage* (may be included if it is attached to the home, or is a lead hazard)
- Decks* (repairs or replacement may be included if the existing structure is a safety hazard)
- Landscaping or fencing
- Pool or pool repairs
- Remodel (layout change, wall demolition, etc.)
- Clean-up or removal of excess build up, debris, or clutter
- Replacement or repair of appliances not permanently affixed to the home
- Beautification/high end finishes (new wallpaper, paint, granite countertop, etc.)
- Electronics (tablets, cameras, home surveillance, laptops, alarm system, etc.)
- Additions



Applicant Name: _____

Property Condition Requirements (Must Be Met Prior to Application)

To qualify for the Housing Rehabilitation Program, your property **must meet all of the following conditions** before an evaluation can be scheduled. If **any** requirement is not met, your application will be **denied without further review**:

1. **Property Access:** Property must be available for inspection within **eight (8) days** of the first contact attempt by HOC. **All areas**—including basements, attics, and attached garages—must be fully accessible.
2. **Presence of Owner:** The property owner, or their legal Power of Attorney, **must be present** during the scheduled evaluation.
3. **Habitability:** The home must be habitable. All utilities—**heat, electricity, water, lighting, ventilation, and sewer drainage**—must be connected and fully operational.
4. **Pet Safety:** All pets must be securely confined during the evaluation.
5. **Unobstructed Access:** Rooms used for storage or containing excessive clutter **must be cleared** to allow full access for evaluation.
6. **Sanitary Conditions:** The property must be sanitary. The presence or suspicion of unsanitary conditions (e.g., pet waste, rodent activity, fleas/pests, or strong noxious odors) will result in immediate termination of the evaluation and application denial.
7. **Hazard-Free Environment:** The property must be free of any hazardous materials or conditions that could pose a threat to the health and safety of HOC staff.

Important Reminder: If your property does **not currently meet all of the above conditions, do not apply** at this time. You may reapply once the property meets all requirements.

PROGRAM STANDARDS & PROPERTY CONDITION REQUIREMENTS SIGN-OFF

I/We acknowledge receipt of the HomeOwnershipCenter's Housing Rehabilitation Program Standards and Property Condition Requirements, and I/we fully understand that failure to comply will result in the termination of our project.

Applicant Signature

Date

Co-Applicant Signature

Date



To Apply

- Submit a **completed application** to the HomeOwnershipCenter.
- Submit **copies of all required documentation** to the HomeOwnershipCenter.
- See **document checklist** for details on required documents.
- Submit copies of **photo IDs** showing the name and signature of all applicants.
- Submit **income verification for all household members (18+)**.

Two months of income verification is required. Acceptable verification includes copies of paycheck stubs, or a copy of an award letter from a government agency. Award letters must be dated within 6 months of the application date. To get an updated Social Security award letter visit: www.ssa.gov/myaccount and go to “get a proof of income letter”.

Document Checklist

Applicants **must submit ALL documents listed below** in order for application to be reviewed. Please note that documents do expire, so it's important to gather all required materials in a timely manner to avoid delays or having to resubmit updated versions.

- Completed **program application** and **ALL signature pages**-must be signed!
- Government issued photo ID** (i.e. Driver's License, Passport or Non-driver ID)
- Social Security cards** for applicant and co-applicant- copies only!
- 8 most **recent paystubs** (if paid weekly) or 4 most recent paystubs (if paid bi-weekly)
- Social Security, Social Security Disability or Workers Compensation **award letter** (if applicable)
- Proof of **child support or alimony** (if applicable)
- Federal income **tax return for the previous 2 years** (if **self-employed**: previous 3 years tax returns and current year/year-to-date Profit & Loss)-must be signed!
- 2 years of **W-2s** and/or income tax schedule, **1098s, 1099s** (if applicable)
- 3 most recent consecutive **bank statements** for ALL checking and savings accounts (be prepared to explain unexpected and/or reoccurring deposits over \$100)
- 3 months of recent statements for any **stocks, bonds, CDs, 401ks & retirement accounts, or trusts** showing the current balance and annual percentage rates
- Court stamped **bankruptcy filing** with Schedule F (if applicable)
- Most recent **mortgage statement**. If available, include an **escrow statement** from the bank.
- Current deed** with full property description (Schedule A) and date of record. If additional parties are named on the deed, they will be required to sign paperwork.
- Homeowner's insurance declaration page** showing **coverage** and **effective dates** and the page with the **annual premium** and proof it is **paid up to date**
- Proof of paid taxes**- school, town, county, city, village. Provide one of the following: Copy of tax receipts with PAID stamp, annual escrow analysis or tax assessor printout showing paid.
- Most recent electric bill**-must be current or you must provide proof of an existing payment plan

PROGRAM APPLICATION



HomeOwnershipCenter

INVEST. RENEW. GROW.

Oneida CDBG

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			Address		
Address (City)		(State) (Zip)	Address (City)		(State) (Zip)
County		Email	County		Email
# of Years at Address?		# of People in Household?	# of Years at 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"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's			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"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's		

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		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)		

****Please include copies of two months' most recent income. See Document Checklist for details.****

Income Category	Applicant	Co-Applicant
Social Security/SSD/SSI (monthly)	\$	\$
Pension (monthly)	\$	\$
Child Support (monthly)	\$	\$
Other	\$	\$

****Please provide proof of ALL income for all household members.****

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





Applicant Name: _____

ASSET INFORMATION			
Do you currently <input type="checkbox"/> Own <input type="checkbox"/> Rent – If you rent, what is your current monthly rent payment? \$ _____			
Asset Information:		Monthly Debt Obligations:	
1. Total currently in savings	\$ _____	1. Credit Card 1	\$ _____
2. Total currently in checking	\$ _____	2. Credit Card 2	\$ _____
3. Market value of stock/bonds	\$ _____	3. Student Loan (s)	\$ _____
4. Current value of certificates of deposit	\$ _____	4. Auto Loan (s)	\$ _____
5. Current value in retirement accounts	\$ _____	5. Other	\$ _____
		6. Other	\$ _____
PLEASE PROVIDE THE LAST 3 STATEMENTS FOR YOUR CHECKING/SAVINGS - MUST PROVIDE CURRENT STATEMENT FOR ALL OTHERS.			

PROPERTY INFORMATION – N/A FOR DOWN PAYMENT ASSISTANCE APPLICANTS							
Address of Property (if different from above)				Is the property your primary residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name that appears on Deed/Title		
Value of Property	Homeowners Ins. <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Purchased	Mortgage Balance	Current on Taxes <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner Occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO	Tenants? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a written Codes Violation or ROP Report? <input type="checkbox"/> YES <input type="checkbox"/> NO					How many units?		
List all known structural issues (home repair only):							
Is your electric bill paid up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, are you on a payment plan with your utility provider? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Is the property life-use or held in a trust? <input type="checkbox"/> YES <input type="checkbox"/> NO							

****Please provide proof of paid taxes and homeowners insurance.****

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

Please tell us how you heard about us...	
<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Social Media <input type="checkbox"/> Referral: referred by who? _____	
<input type="checkbox"/> Other _____	





Applicant Name: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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.

APPLICANT	<input type="checkbox"/> I do not wish to furnish this information	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		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		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	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Foreign born: <input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE SECTION

I (we) certify that all the information provided on the 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 needed based on program requirements. I (We) authorize the HomeOwnershipCenter to act on my behalf and communicate with any service providers and individuals reflected in the application and supporting documentation. I (We) authorize HomeOwnershipCenter to obtain copies of mortgage related documents including but not limited to Loan Estimate, Mortgage Application, Appraisal, Closing Disclosure, Mortgage Agreement, Deed and Insurance Binder. 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.

I (We) confirm that all of the information provided is correct and factual. No information has been withheld. I (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

Select Program:

- Homebuyer Education
- Financial Coaching
- City of Utica Home Repair Program
- City of Rome ARPA Exterior Program
- City of Rome Down Payment Assistance
- Lead-Safe Utica Program
- Foreclosure Intervention/Prevention
- Home Rehabilitation/Other
- Other

NOTES:



Applicant Name: _____

Privacy Policy

HomeOwnershipCenter (HOC) 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 “nonpublic 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 concerning 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 non-public 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 non-public 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 non-public physical information.

By signing this Privacy Policy, I confirm that I have received a copy and understand that I am not under any obligation to utilize any other services or programs provided by the HOC and/or its partners in order to receive counseling services.

Applicant Signature_____
Date_____
Co-Applicant Signature_____
Date



Applicant Name: _____

Disclosure Statement

HomeOwnershipCenter (HOC) is a private, not-for-profit 501(c)(3) organization established in 1979 to improve the quality of local housing and neighborhoods. Its mission is the revitalization and growth of neighborhoods. As such, HOC is dedicated to enhancing the quality of life for families in its service area by providing comprehensive housing assistance, housing counseling, neighborhood revitalization, and leadership development services that help:

- People become first-time home buyers
- Homeowners maintain the value of their homes
- Strengthen neighborhoods

Fill financial, housing, and community development needs not met by the private sector

The agency offers a variety of housing related services including homeownership assistance, home improvement grant and loan programs, foreclosure intervention counseling, and reverse mortgage counseling. HOC also provides grant writing assistance and administrative services for County government grants that provide low-income customers with funds for homeownership purchase and home rehabilitation. HOC is a NeighborWorks® America Charter Member.

HOC provides services to Oneida, Herkimer, Fulton, Montgomery, Madison, and Otsego County residents to assist in areas such as:

- First time home buyer education and financial literacy education
- Post purchase (non-delinquency) home buyer education
- One-on-one continuing education for pre-purchase first-time home buyers
- Home improvement programs to assist existing homeowners
- Financial coaching

The counseling services, lending products, rehabilitation, affordable housing, and other forms of assistance that may be offered by HOC, its subsidiaries, affiliates, directors, officers, employees, agents, or partners may also be offered by other providers, and you are under no obligation to utilize services from the HOC regardless of the recommendations made by counselors.

An individual trustee officer, agent, or employee who believes that he or she might have a real or perceived conflict of interest should notify HOC immediately.

By signing this disclosure, I understand that I am not under any obligation to utilize any other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by HOC partners as well.

Applicant Signature

Date

Co-Applicant Signature

Date

Fee Schedule:

Homeownership Counseling - \$50.00

Home Buyer Education Package - \$100.00

4-Hour Financial Coaching Package - \$99.00

****Discounted prices are available for those who meet certain income criteria.****





Applicant Name: _____

Authorization to Disclose Information & Release from Liability

I, _____ authorize the release of relevant information to the entities specified below, in connection with the program application, including personal information, and housing related information. Examples of such information include name, address, phone number, date of birth, utility account numbers, number of individuals living in the household, and results of housing assessment.

Information I provide will only be released to further the goals of the program, such as referrals for housing improvement and health related services, except as required by applicable law. I understand that such information will not be used for any purpose that is unrelated to the program for which I am applying. I also understand that it is the policy of partners to share only the information that is relevant to the partner's role. **I agree to allow my data to be shared with current and future agencies. I understand that I may also be required to sign additional disclosures as required by other partner agencies.**

Proposed recipient(s) of the information:

Any government body, agency or other organization that is currently or may become a participant in the Green & Healthy Homes Initiative (GHHI) Compact can receive personal and housing related information. These entities are listed below. I understand that this list may be updated and changed from time to time, and that a current list will be maintained by and will be available upon request from: **1611 Genesee Street Utica, NY 13501.**

The following is a list of partner agencies that are currently authorized to receive client information in connection with the GHHI Compact: City of Utica, Oneida County, HomeOwnershipCenter (HOC), Lead Poisoning Prevention Programs, Department of Health, medical & insurance providers, The Community Foundation of Herkimer & Oneida Counties, Inc., Mohawk Valley Community Action Agency, Section 8, Cornell Cooperative Extension, Resource Center for Independent Living, City of Utica and Oneida County Green & Healthy Homes Initiative (GHHI) Compact, and NYSEKDA. These agencies may receive personal and housing/weatherization related information as part of this program application.

I agree to release and hold harmless HOC and the partners listed above from any and all liability from any harm, whether foreseen or unforeseen, involved in the program for which I am applying. This shall include, but not limited to, a claim of negligence, fault, or neglect by HOC. I am participating in the program identified on the program application at my own risk. I understand that HOC will not be held responsible for any injuries or damages resulting from my participation in this program. This release is binding upon me, my heirs, executors, administrators, and assigns.

Address

Date

Applicant Print Name

Applicant Signature

Co-Applicant Print Name

Co-Applicant Signature

