HomeOwnershipCenter
INVEST. RENEW. GROW.

Let's Build a Lead-Safe Utica Together!

This program aims to prevent and limit childhood lead poisoning at NO COST to landlords, homeowners, and tenants by investing in lead-safe housing and helping control hazards from lead in paint, soil, and dust.

FREE INTERPRETATION: Call 315-724-4197 for services and support in languages including:

ترجمة فورية (Arabic)	Prevod na bosanski (Bosnian)	မြန်မာဘာသာဖြင့် စကားပြန် (Burmese/Karen)
हिंदी में व्याख्या (Hindi)	한국어 통역 (Korean)	नेपालीमा व्याख्या (Nepali)
interpretacao em portugues (Portuguese)	Интерпретация на русском языке (Russian)	Tafsiirka Soomaaliga (Somali)
Interpretación en Español (Spanish)	Tafsiri kwa Kiswahili (Swahili)	Phiên dịch tiếng Việt (Vietnamese)

We Can Help

HomeOwnershipCenter (HOC) can help you complete the application in-person with an intake appointment.

Accessibility accommodations for intake appointments are available upon request.

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NeighborWorks® CHARTERED MEMBER
1611 Genesee Street, Utica, NY 13501 | Phone 315-724-4197 | Fax 315-724-1415 | www.unhs.org

Applicant Name: _____

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Pre-Qualification Questionnaire

OWNER-OCCUPANT* Own.and.occupy.one.unit.in.the.property	TENANT* You.rent.the.property	LANDLORD / PROPERTY MANAGER* You.collect.rent.from.the.property
Was this Utica property built before 1978? ❑ YES ❑NO How many units are in the application address? ❑ 1 ❑ 2-4 ❑ 5+ How many units in the address applying for services are vacant? _____ Is there a child under 6 years old that lives in or visits your home at least 6 hours a week; OR a pregnant person in the household? ❑ YES ❑NO Does your household meet the income guidelines below? ❑ YES ❑NO If 2+ units, does a tenant unit meet the income guidelines? ❑ YES ❑NO	Was this Utica property built before 1978? ❑ YES ❑NO How many units are in the application address? ❑ 1 ❑ 2-4 ❑ 5+ How many children under 6 years old live or visit your home at least 6 hours a week? _____ *Note: Children under 6 are not required for rental units.* Does your household meet the income guidelines below? ❑ YES ❑NO	Was this Utica property built before 1978? ❑ YES ❑NO How many units are in the application address? ❑ 1 ❑ 2-4 ❑ 5+ How many units in the address applying for services are vacant? _____ How many units are in the address applying for services? ❑ 1-4 ❑ 5+ 1-4 units: Does a unit at the address meet the income guidelines below? ❑ YES ❑NO 5+ unit building: Do 80% of the total units meet the income guidelines below? ❑ YES ❑NO

*For rental housing, both the landlord and all tenant households must complete an application.

If you answered **YES to all** the questions in your section, **continue with this application.**

If you answered **NO to any** of the questions in your section, you may still be eligible. **PAUSE, call HOC at 315-724-4197.**

Household Size	Maximum Gross Income
1 person	$54,800
2 people	$62,650
3 people	$70,500
4 people	$78,300
5 people	$84,550
6 people	$90,850
7 people	$97,100
8 people	$103,400

2025 Utica HUD 80% Area Median Income Guidelines
(Based on financial circumstances at the time of application.)

Please call HOC at 315-724-4197 if you are a tenant or owner concerned about lead, but you exceed the income guidelines. We may have resources that can help.

Applicant Name: _____

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10 STEP LEAD-SAFE UTICA JOURNEY

This program is offered at no cost. Participants must meet the following requirements:

- **Live in or own:** a property within the City of Utica built prior to 1978, with less than 8 units.
- **Owners living in a single or multi-family unit applying:** must have a child under 6 years old who lives or visits at least 6 hours a week and owner must income qualify.
- **Properties with 1-4 units:** tenants must income qualify and do NOT need to have a child under 6 years old.
- **Properties with 5+ units:** 80% of units must income qualify and do NOT need to have a child under 6 years old.
- **Properties with 4+ units:** must have a valid fire code certificate with an expiration date that is within 6 months of application.
- **Property owners:** that do not live in the property are NOT subject to HUD income guidelines.
- **Vacant units:** rental priority given to low-moderate income families with children under 6 years old or a pregnant household member for three years following rehabilitation.

Application priority will be given to any household unit with a:

- Lead poisoned child under 6 years old.
- Child under 6 years old who resides in the home or regularly visits (6+ hours a week or more or a total combination of 60 hours a year).
- Pregnant household member.

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

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

Applicant Name: _____

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Document Checklist – Supporting documents are required. Applications without documents cannot be processed.

DOCUMENTS	REQUIRED BY		
	Owner. Occupant	Tenant	Landlord. Non_ occupant
ID: Government issued **photo ID** (driver's license, passport, or non-driver ID)	❑	❑	❑
ID: Social Security Cards (for all household members)	❑	❑	❑
Children: Birth certificates for children under 6 years old in the household	❑	❑	
Property: Current **deed** showing full property description and date of record. If additional parties are named on the deed, they will be required to sign paperwork. If a property owner is deceased, please provide a death certificate.	❑		❑
Documents That May Require Updated Copies (annually) *If your application extends into a new calendar year, updated versions of the following documents may be required.*			
Income: Federal Tax Returns complete **signed copies** from the previous 2 years	❑	❑	❑
Income: Income Statements from the past 2 years, if applicable (W-2s and ALL FEDERAL income tax schedules, 1098s, 1099s)	❑	❑	❑
Self-Employed Income: Year-to-date **profit and loss** records & **Federal Tax Returns** from the previous three years	❑	❑	
Income: Annual **award letters** for Social Security, Social Security Disability, Workers' Compensation, Pension/retirement	❑	❑	
Property: Proof of all **paid property taxes:** school, county, and city. Provide one of the following: • Copy of tax receipts with paid stamps for the current year's taxes • Copy of the annual escrow analysis statement • Printout from a local tax assessor showing taxes are paid up to date Senior STAR exemption; provide proof of zero balance	❑		❑
Children: Proof of **blood lead test**: each child under the age of 6 that resides in the household must have been tested for lead poisoning within 6 months of the application date unless the child's parent or legal guardian chooses not to have the child tested.	❑	❑	
Documents That May Require Updated Copies (within 90 days) *The following documents must be dated within 90 days of processing. If there are delays, updated copies may be requested.*			
Income: 3 most recent consecutive **bank statements** for ALL checking and/or savings accounts. Include any **stocks, bonds, CD's, 401k's & retirement accounts**, or trusts showing the current balance & annual percentage rate.	❑	❑	
Income: Most recent 2-month consecutive **pay stubs** (8 if paid weekly or 4 if paid bi-weekly)	❑	❑	
Income: Proof of rental income – provide last 3 months; copy of check from tenant and receipt or signed statements listing each tenant/unit and the rent received per month.	❑		❑
Rental Payment: Proof of rental payments –submit last 3 months of rent payments; copies of canceled checks, receipts from the property owner, or bank statements documenting the payments via check or credit card.		❑	
Utility Bills: Copy of most **recent electric, gas, & water bill(s) paid in full** for all units showing account number, service name and address. Include all pages. **UTILITIES MUST BE PAID UP TO DATE OR YOU MUST PROVIDE PROOF OF AN EXISTING PAYMENT PLAN WITH THE UTILITY COMPANY.**	❑	❑	❑
Property: Current monthly **mortgage statement**. If your mortgage is paid off, please provide a written statement or pay-off letter. **Properties with reverse mortgages (HECM) are not eligible.**	❑		❑
Property: Homeowner's insurance declaration page showing **coverage, effective dates,** the **annual premium,** and proof it is **paid up to date.**	❑		❑
Property: Codes violation report showing any open citations (if applicable).	❑		❑
Property: Valid fire code certificate for properties with 4 or more units.	❑		❑

All units must complete an application and submit the required documents. If you have any questions or concerns, please contact HOC at 315-724-4197.

Document Collection Resources Guide

Document Checklist Item	Resources
ID: Government issued photo ID (driver's license, passport, or non-driver ID)	http://oneidacountysheriff.us/lawenforcement/identificationcards ID Cards are issued on Mondays and Tuesdays, 8:30 AM - 11:00 AM and 1:00 PM - 3:30 PM. The office is closed on all legal holidays. The charge for an ID Card is $20.00.
ID: Social Security Cards (for all household members)	https://www.ssa.gov/ssnumber/ Request a copy of a lost, stolen, or damaged card or request a SSN for the first time.
Income: Federal Income Tax Returns from the previous two years (3 years if self-employed)	https://www.irs.gov/individuals/get-transcript Order copies of tax records including transcripts of past tax returns, tax account information, wage and income statements, and verification of non-filing letters.
Income: Income Statements from the past 2 years, W-2s, and tax schedules, (1098s, 1099s)	https://www.irs.gov/individuals/get-transcript Order copies of tax records including transcripts of past tax returns, tax account information, wage and income statements, and verification of non-filing letters.
Income: Year-to-date profit and loss records (only if self-employed)	If you have an accountant, she/he can help you with this. To prepare one yourself: https://www.score.org/resource/template/12-month-profit-and-loss-projection https://templates.office.com/en-us/profit-and-loss
Income: Award letters for Social Security, Social Security Disability, or Workers' Compensation	https://www.ssa.gov/myaccount/proof-of-benefits.html Log into or create your "My Social Security Account" to access and print award letters. Call 1-800-772-1213. Visit your local Social Security office at 10 Broad St, Utica, NY 13501.
Utility Bill: Copy of **most recent paid in full** electric and heating bill(s) for all units showing account number, service name and address. Include all pages	Print a copy from your online account: https://www.nationalgridus.com/MA-Home/Billing-Payments/ Call National Grid (1-800-642-4272), ask them to fax or email a copy to HOC. Fax: 315-724-1415, Email: Home@unhs.org
Property: Current deed showing full property description and date of record	Search and print deed here: https://www.searchiqs.com/NYONE/SearchAdvancedMP.aspx If a property owner is deceased, please provide a death certificate. Access copies of death certificates here: https://www.health.ny.gov/vital_records/death.htm
Property: Life Estate Definition	A "life estate" refers to an ownership interest by a person that is not the current property owner, as shown on the deed. This person is called a "life tenant".
Property: Proof of all paid property taxes: school, county, and city	Provide one of the following: Copy of tax receipts with paid stamps for the current year's taxes: -Department of Assessment 1 Kennedy Plaza, Utica, NY 13502, (315) 792-0125 Copy of the annual escrow analysis statement: -Contact your lender for a copy Printout from a local tax assessor showing taxes are paid up to date https://selfservice.cityofutica.com/MSS/citizens/default.aspx
Property: Codes violation report showing open citations (if applicable)	Codes Department, 1 Kennedy Plaza Utica, New York 13502, (315) 792-0163
Property: Valid fire code certificate for properties with 4 or more units	Codes Department, 1 Kennedy Plaza Utica, New York 13502, (315) 792-0163
Children: Proof of blood lead test	Contact the child's pediatrician and request a test or a copy of the results. If you do not have a pediatrician, call to schedule an appointment at the following: -MVHS Sister Rose Vincent Family Medicine Center, 120 Hobart Street, Utica 315-798-1149 -Mosaic Health Utica, 1651 Oneida Street, Utica, NY 315-793-7600 -Upstate Family Health Center, 1001 Noyes Street, Utica, NY 315-624-9470

Applicant Name: _____

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Healthy Home Questions

Answers to these questions help identify additional funding that might be available.

Has any renovation, repairs, or paint work taken place in the home in the past year?	☐ General Home Repair	☐ Lead Stabilization	☐ Energy Efficiency/ Weatherization	☐ Accessibility	☐ Other:
How often do you experience stress or anxiety related to your housing conditions?	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently	☐ Always
How would you rate your ability to control the housing unit's temperature?	☐ Very easy	☐ Somewhat easy	☐ Somewhat difficult	☐ Very difficult	
How would you rate your overall level of satisfaction with your housing unit?	☐ Very satisfied	☐ Somewhat satisfied	☐ Satisfied	☐ Somewhat unsatisfied	☐ Very unsatisfied
How much is your monthly gas & electricity bill?	Amount: $				
How much is your quarterly water bill?	Amount: $				
Smoking practices in the home? (tobacco, vapes, marijuana, etc.)	☐ No Smoking	☐ Outdoor Smoking	☐ Indoor Smoking		
Are strong fragrances used in the home (air fresheners, candles, incense)? If YES, please describe.	☐ No	☐ Yes	Describe:		
Are pesticides used in the home? If YES, please describe.	☐ No	☐ Yes	Describe:		
Are cleaning products, pesticides, or toxic chemicals accessible to children? If YES, indicate where and describe.	☐ No	☐ Yes	Locations:		
Are there areas with mold inside the home? If YES, indicate where and describe.	☐ No	☐ Yes	Locations:		
Is there any CURRENT water leak in the home? If YES, indicate where and describe.	☐ No	☐ Yes	Locations:		
Do you have issues with pests (rodents, cockroaches, bed bugs, etc.)? If YES, indicate where and describe.	☐ No	☐ Yes	Locations:		
Has the oven or a space heater been used to heat the home in the past year?	☐ No	☐ Yes			

Number of incidents of household falls / injuries in the past month	☐ None	☐ 1 fall / injury	☐ 2 falls / injuries	☐ 3 falls / injuries	☐ 4 falls / injuries	☐ 5 falls / injuries	☐ 6+ falls / injuries
Number of urgent care / clinic visits for household falls / injuries in past 3 months	☐ None	☐ 1 visit	☐ 2 visits	☐ 3 visits	☐ 4 visits	☐ 5 visits	☐ 6+ visits
Number of Emergency Room (ER) visits for household falls / injuries in past 3 months	☐ None	☐ 1 visit	☐ 2 visits	☐ 3 visits	☐ 4 visits	☐ 5 visits	☐ 6+ visits
Number of nights in hospital due to household falls / injuries in past 3 months	☐ None	☐ 1 night	☐ 2 nights	☐ 3 nights	☐ 4 nights	☐ 5 nights	☐ 6+ nights

If a child in the household has asthma, please answer the questions on the following page. If not, skip Asthma Questions on the next page and continue to the application.

Asthma Questions

Answers to these questions help identify additional funding that might be available.

If a child in the household has asthma, please answer the following questions:

How would you rate the child's asthma?	☐ No asthma	☐ In control	☐ Somewhat in control	☐ Out of control

In the past month, how many days did the child's asthma keep you from getting work done (at home, work, or school)?	☐ None	☐ 1 day	☐ 2 days	☐ 3 days	☐ 4 days	☐ 5 days	☐ 6+ days
In the past month, how many days of school / daycare did the child miss due to asthma?	☐ None	☐ 1 day	☐ 2 days	☐ 3 days	☐ 4 days	☐ 5 days	☐ 6+ days
In the past month, how many days of work / school did caregiver(s) miss due to asthma?	☐ None	☐ 1 day	☐ 2 days	☐ 3 days	☐ 4 days	☐ 5 days	☐ 6+ days
In the past month, how often did asthma symptoms - wheezing, coughing, shortness of breath wake the child up in the middle of the night or earlier than usual?	☐ None	☐ 1 night	☐ 2 nights	☐ 3 nights	☐ 4 nights	☐ 5 nights	☐ 6+ nights
In the past month, how many times has the child's asthma caused a call to the doctor?	☐ None	☐ 1 call	☐ 2 calls	☐ 3 calls	☐ 4 calls	☐ 5 calls	☐ 6+ calls
In the past month, how many times has the child's asthma caused a visit to the doctor's office or clinic?	☐ None	☐ 1 visit	☐ 2 visits	☐ 3 visits	☐ 4 visits	☐ 5 visits	☐ 6+ visits
In the past month, how many times has the child's asthma caused a visit to the Emergency Room (ER)?	☐ None	☐ 1 visit	☐ 2 visits	☐ 3 visits	☐ 4 visits	☐ 5 visits	☐ 6+ visits
In the past month, how many times has the child's asthma caused a night in the hospital, not just the ER?	☐ None	☐ 1 night	☐ 2 nights	☐ 3 nights	☐ 4 nights	☐ 5 nights	☐ 6+ nights

LSU-Non-Owner Occupied

PROPERTY OWNER			PROPERTY INFORMATION	
Property Owner Name	Date of Birth		Address of Property Requesting Lead Funds	
Social Security Number	Home Phone	Cell Phone	# of Units	Date Purchased
Owner Primary Address			Value of Property	Mortgage Balance
Address (City) (State) (Zip)			Names on Deed	
County	Email		Property Manager	
# of Years at Address?	# of People in Household?		Property Manager Phone #	Property Manager Email
Marital Status ❑Single ❑Married ❑Divorced ❑Separated ❑Widowed			Do you have a written codes violation or ROP/fire inspection report? ❑ Yes ❑ No	
Highest Level of Education Obtained ❑Below High School Diploma ❑High School Diploma/Equivalent ❑2 Year Degree ❑Bachelor's Degree ❑Master's Degree ❑Above Master's			Is the property life-use or held in a trust? ❑ Yes ❑ No	
Primary Language: ❑ Check box if interpreter is needed			Do you have a reverse mortgage (HECM loan) on your property? ❑ Yes ❑ No	

UNIT INFORMATION

Tenant First & Last Name	Phone	Unit #	# of Occupants	# of Bedrooms	# of Bathrooms	# of Children under 6	Utilities Included YES or NO

Are there children under the age of 6 who visit the home a significant amount of time (visit at least twice a week, each visit is at least 3 hours, with an annual combination of all visits of at least 60 hours)?

☐ Yes ☐ No If **Yes**, how many children visit? _____

List any property issues or structural deficiencies:

Applicant Name: _____

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CERTIFICATIONS		
	Applicant	Co-Applicant
Are you a US Citizen or a Permanent Resident alien?	❑YES ❑NO	❑YES ❑NO
Have you had any outstanding judgments? If **YES**, date discharged:	❑YES ❑NO	❑YES ❑NO
In the last seven years, have you been declared bankrupt? If **YES**, check one: ❑Chapter 7 ❑Chapter 13 Date discharged:	❑YES ❑NO	❑YES ❑NO
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	❑YES ❑NO	❑YES ❑NO
Are you a party in a lawsuit?	❑YES ❑NO	❑YES ❑NO
Are you obligated to pay alimony, child support, or separate maintenance? If **YES**, list amount:	❑YES ❑NO	❑YES ❑NO
Do you have any past-due obligations owed to or insured by an agency of the federal government?	❑YES ❑NO	❑YES ❑NO
Do you receive alimony, child support, or separate maintenance?	❑YES ❑NO	❑YES ❑NO
Do you receive Social Security and/or disability benefits?	❑YES ❑NO	❑YES ❑NO
Are you disabled?	❑YES ❑NO	❑YES ❑NO
Are you a Veteran?	❑YES ❑NO	❑YES ❑NO
Are you Active Military?	❑YES ❑NO	❑YES ❑NO

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	❑ I do not wish to furnish this information	CO-APPLICANT	❑ I do not wish to furnish this information
Ethnicity: ❑ Hispanic or Latino ❑ Not Hispanic or Latino		Ethnicity: ❑ Hispanic or Latino ❑ Not Hispanic or Latino	
Race: ❑ American Indian or Alaskan Native ❑ Native Hawaiian or Other Pacific Islander ❑ White	❑ Black or African American ❑ Asian ❑ Hispanic	Race: ❑ American Indian or Alaskan Native ❑ Native Hawaiian or Other Pacific Islander ❑ White	❑ Black or African American ❑ Asian ❑ Hispanic
Sex: ❑ Male ❑ Female ❑ Other	Foreign born: ❑YES ❑NO	Sex: ❑ Male ❑ Female ❑ Other	Foreign born: ❑YES ❑NO

Please tell us how you heard about us...

❑ Radio ❑ TV ❑ Social Media ❑ Billboard/Bus Ad

❑ Referral: referred by who? _____

❑Cornell Cooperative Extension ❑Department of Health ❑Weatherization ❑Codes ❑City of Utica ❑Doctor ❑School Nurse

❑ Other _____

Applicant Name: _____

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SIGNATURE SECTION

I (We) authorize the 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. This information may be shared with Neighborworks America, HUD and any other project partner, which have oversight to review files, policies and procedures. I (We) authorize the HomeOwnershipCenter to obtain a copy of the Closing Disclosure, 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 within this application 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 application. We understand that deliberately providing inaccurate information or an unwillingness to provide the necessary information or documents in a timely manner will result in the delay or disqualification of my application.

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
❑ Foreclosure Intervention/Prevention
❑ Home Rehabilitation/Other
❑ Other

NOTES:

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 HOC and/or its partners in order to receive counseling services.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

Applicant Name: _____

HomeOwnershipCenter
INVEST. RENEW. GROW.

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, and foreclosure intervention 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 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.****

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 NYSERDA. 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

NYSERDA & Empower NY Referral Instructions

Please complete the following pages if you are responsible for your unit's utilities. Your answers will help us identify additional funding. If eligible, your application will be referred to Empower New York. Empower NY provides no-cost energy efficiency solutions to income-eligible New Yorkers. Empower NY will connect you with participating contractors to assess if your home would benefit from free energy upgrades such as:

- Home energy assessment to identify areas of possible energy improvements
- Tips on how to save energy
- Installation of high-efficiency lighting
- Attic and wall insulation
- Installation of clean heating and cooling heat pumps
- Replacement of old, inefficient refrigerators and freezers
- Water-saving shower heads
- A monthly electric bill credit of between $5-$15 from community solar

If you meet the preliminary income requirements, the HomeOwnershipCenter will refer your application to Mohawk Valley Community Action Agency's Weatherization Program and to the Clean Energy Hub Coordinator at Cornell Cooperative Extension.

SECTION D: UTILITY INFORMATION

My main heating fuel is:

☐ Electric ☐ Oil ☐ Kerosene ☐ Natural Gas ☐ Propane ☐ Wood ☐ Pellets ☐ I don't know

☐ Other:_____

My secondary heating fuel is:

☐ Electric ☐ Oil ☐ Kerosene ☐ Propane ☐ Wood ☐ Pellets ☐ Coal ☐ I do not have secondary fuel

☐ Other:_____

ELECTRIC UTILITY: If you are responsible for the electric bill, provide the following:

Utility Name:_____

Account Number:_____ If NYSEG or RG&E – POD # _____

GAS UTILITY: If you are a natural gas utility customer and responsible for the bill, provide the following:

Utility Name:_____

Account Number:_____ If NYSEG or RG&E – POD # _____

PRIMARY FUEL SUPPLIER: if you heat by a fuel other than natural gas or electricity, provide the following:

Company Name:_____

Account Number: _____

SECTION E: PARTNER INFORMATION

If you would like to work with a specific participating program contractor in NYSERDA's energy efficiency programs, please indicate below. We will work to accommodate your request, but final selection is based on the participating program contractor's availability and acceptance of your project. If you are not working with a program contractor, we will assign the next available participating program contractor from our approved list or you can select from one of our participating contractors at nyserda.ny.gov/Contractors/Find-a-Contractor/Empower-Plus-Contractors.

Contractor Name: _____

NYSERDA supports a network of professional energy advisors who may already be assisting you with this program, other NYSERDA programs, utility offerings, and other local resources. If you are currently working with a NYSERDA Clean Energy Hub, please indicate which one below. The program will share limited project information with them so they can continue to assist you each step of the way. A list of Hubs can be found at nyserda.ny.gov/All-Programs/Regional-Clean-Energy-Hubs.

Clean Energy Hub Name and/or Organization: _____

SECTION F: INCOME DOCUMENTATION - Please select one of the following

A. ☐ Referral letter: If you received a letter from NYSERDA with a referral code, enter it below. If you have a referral code, no additional income documentation is required.

Referral Code#:_____

B. ☐ Provide a copy of ONE of the following: Copy of entire award letter for HEAP, SNAP (Food Stamps), TANF (Temporary Assistance for Needy Families) or Supplemental Security Income dated within the past 12 months. No additional income documentation is required.

C. ☐ If A, or B above do not apply, then provide income documentation under one of the options below:

Option 1

- Pay stubs: all household gross income for the last 60 days. To calculate monthly income total, if income is:
  - Weekly: multiply weekly income representing 4 most recent weeks by 4.3
  - Bi-weekly: multiply 2 most recent consecutive weeks by 2.15
  - Twice a month: multiply by 2
- Social Security and/or Social Security Disability: copy of award letter
- Documentation of all forms of income. This can include disability, worker's compensation, unemployment, pension, maintenance, annuities, Veteran's benefits, and all other income
- Self-Employment: IRS Report of quarterly earnings for the last three months

Option 2

- Tax returns: This option is only available if all household members who were required to file a tax return did so. If documenting income with tax returns, all sources of income must be documented with tax returns. Returns must be the most recent Federal Income Tax Return (Form 1040, 1040A, or 1040EZ). If documenting rental, business or farm income – you must submit corresponding schedules (Schedule C, E, and F).

SECTION G: INCOME INFORMATION

Total number of members in the household?_____

If applying using option A or B from above, only fill in Full name, gender, age, and student. If you selected option C, complete the full table.

Include the following information for each household member. For gender please use the following: 1. Self-identified Male, 2. Self-Identified Female, 3. Other

Full Name	Gender	Age	Student (Yes or No)	Source(s) of Income	Weekly	Monthly	Yearly
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
				Total Income for the Household	$ 0	$ 0	$ 0

SECTION H: DEMOGRAPHICS

To assist NYSERDA in understanding the impacts of our programs on local communities, please complete the below demographic questions. Answering these questions is optional and does not affect your program eligibility.

Indicate the number of household members who are:

60 years of age or older: _____ Disabled: _____ 17 years of age or younger: _____

Past/current military service members: _____

Indicate if the applicant is: *(select at least one, and as many as applicable)*

- ☐ Prefer Not to Answer
- ☐ Native American / First Nation / Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Unknown
- ☐ Other

Indicate if the applicant is:

- ☐ Hispanic, Latino, or Spanish Origins
- ☐ Not Hispanic, Latino, or Spanish Origins
- ☐ Unknown
- ☐ Prefer Not to Answer

Indicate how many members of the household are: *(select at least one, and as many as applicable)*

Number	**Race**
_____	American Indian or Alaska Native
_____	Asian
_____	Black or African American
_____	Native Hawaiian or Other Pacific Islander
_____	White
_____	Multi-race (two or more of the above)
_____	Other
_____	Prefer not to answer

Indicate ethnicity of household members including primary applicant:

Number	**Ethnicity**
_____	Hispanic, Latino, or Spanish Origins
_____	Not Hispanic, Latino, or Spanish Origins
_____	Unknown
_____	Prefer not to answer

SECTION I: APPLICANT AFFIRMATION

I, _____ authorize the release of my eligibility determination and information provided on this application, supporting documents including income documentation, as well as information regarding my project status, and project information (including existing household conditions, installed measures, energy savings, and other data) to the following: NYSERDA and its representatives; to the extent my project is receiving federal funding to the U.S. Department of Energy and its representatives; the NYS Weatherization Assistance Program (WAP) and/or its designated representatives; any community-based organizations working on behalf of NYSERDA programs; my electric and natural gas utilities; and the following individuals or organizations: _____ whom I have engaged for the purpose of assisting me with the completion and submittal of the application.

Customer agrees and authorizes their utility's sharing of the participant-customer's information and/or project-level information with New York State Department of Public Service Staff and NYSERDA, including its agents or authorized representatives, consistent with NYSERDA's New York State Public Service Commission and statutorily authorized responsibilities, including, but not limited to supporting market development initiatives, and other evaluation and measurement activities. (For clarity, the term project level includes the information based on the scope of the project, including, but not limited to, aggregated and anonymized whole building, building or subsets of the project.)

Participant agrees and authorizes the sharing of the participant-customer's information and/or project-level information with New York State Department of Public Service Staff and appropriate local utility, including its agents or authorized representatives, in carrying out its responsibilities under New York State Public Service Commission orders. (For clarity, the term project level includes the information based on the scope of the project, including, but not limited to, whole building, building or subsets of the project.)

I understand that the information provided by me may be used to contact or assist me to utilize any current or future program offerings I may be eligible for and for the purposes of determining eligibility for NYSERDA and/or utility residential programs and financial incentives, determining eligibility for the NYS WAP, for estimating energy savings potential, and for evaluation purposes. I understand that all information will be kept confidential to the extent permitted by law. I understand that if services are provided to me through NYSERDA's residential programs or the NYS WAP, that my participation in these programs will not affect my social security, public assistance, or any other income.

I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established by the programs.

I agree to provide NYSERDA representatives, the NYS WAP representatives, and independent participating contractors access to my dwelling, at times that are mutually acceptable, to perform program activities including energy inspections, installation of measures, Quality Assurance, and evaluation activities. I understand that participating contractors are independent contractors and provide a one-year warranty on labor for work completed. I further understand that participating contractors and vendors will provide appropriate warranties on any equipment provided and that no additional warranties are provided by NYSERDA or the NYS WAP.

I subscribe and affirm, under the penalties of law, that the statements made on all parts of this application, including statements made on any accompanying documents, have been examined by me and are to the best of my knowledge true and complete.

I understand that my signature on this form gives permission for NYSERDA, representatives of the NYS WAP, and their designees to assure my eligibility for NYSERDA's programs and the NYS WAP. I consent to any inquiry to verify or confirm the information that I have given. I understand that if I give false information or withhold information in order to receive benefits that I am not entitled to,

I can be prosecuted to the fullest extent of the law. I also state that no person named in this application is subject to disqualification for weatherization services under the Immigration Reform and Control Act of 1986 (Public Law 99-063).

Applicant Signature _____ Date _____

Applicant Representative Signature _____ Date _____

Your contact information may be shared with other residential programs within NYSERDA. To opt out of this, please initial here._____