PROGRAM APPLICATION

HomeOwnershipCenter
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Oneida County Vacant Rental Program

Thank you for your interest in the Vacant Rental Program (VRP) made possible through NYS Office of Homes and Community Renewal managed locally through HomeOwnershipCenter (HOC). This program supports the rehabilitation of existing eligible vacant units and spaces to create safe, quality, and affordable rental housing throughout Oneida County. Eligible rehabilitation activities may include health and safety improvements, correction of code violations, access and egress upgrades, environmental remediation, and other necessary repairs. All rehabilitation activities must be necessary to convert vacant units into habitable and marketable rental housing.

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

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

Program Design

<table>
<tr><td colspan="3">This is awarded as a Deferred Forgivable Grant.</td></tr>
<tr><td colspan="3">Amount: Varies, contingent upon Housing Quality Standards inspection. Includes environmental testing and filing fees associated with the project.

Two award options will be available to property owners:

Standard award up to $50,000 per eligible unit
Units must be rented to income-qualified households earning up to 80% of Area Median Income (AMI), with rents set at levels affordable to the 80% AMI level.

Enhanced award up to $75,000 per eligible unit
Units must be rented to income-qualified households earning up to 60% of Area Median Income (AMI), with rents set at levels affordable to the 60% AMI level.</td></tr>
<tr><td>Term: 10 Year Regulatory Period</td><td>Interest: 0%</td><td>Monthly Payment: $0.00</td></tr>
<tr><td colspan="3">The HomeOwnershipCenter, on behalf of New York State Homes and Community Renewal, will file a Declaration of Interest on the property for the full amount of the deferred grant for a period of 10 years. If the owner retains ownership of the property for the full regulatory period, the grant is forgiven. If the property is sold or transferred before the end of the regulatory period, with program approval, the program requirements transfer to the new property owner for the remainder of the term. For questions, please call our office at (315) 724-4197.</td></tr>
</table>

Eligible Properties

Properties must meet the following requirements:

- Located in **Oneida County**
- **1–5 unit residential properties**, including mixed-use properties with residential units
- Properties with 4+ units as well as mixed-use properties must have a **valid fire code certificate** with an expiration date that is within six (6) months of application
- Units must be **vacant at the time of application**
- Property must be **current on mortgage payments, property taxes, utilities, and insurance**
- Property must have active **comprehensive property insurance**

Flood zone properties outside Zone A may be evaluated on a **case-by-case basis**. Flood insurance may be required.

NeighborWorks® CHARTERED MEMBER

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

Ineligible Properties

The following properties are not eligible:

- Single-wide manufactured homes (mobile homes)
- Homes located in manufactured home parks
- Homes located on rented land
- Homes currently in foreclosure, listed for sale, or scheduled for auction
- Homes with delinquent taxes or utility bills
- Homes located in the **100-year floodplain (Zone A)**
- Homes with unsanitary or hazardous conditions (e.g., pest infestation, hazardous waste); please see details in Property Condition Requirements
- Properties with **life use, reverse mortgage, or held in trusts**

Applicant Eligibility

Applicants must:

- Be the **legal owner of the property** for which the application is submitted
- Be current on mortgage payments, utilities, property taxes, and insurance
- Disclose **all properties owned or controlled**, including those held individually or through a partnership, LLC, or business entity

Applicants must sign **self-attestation forms certifying the accuracy of ownership and portfolio information.**

Applicants must agree to:

- Rent assisted units at **AMI-restricted rents** based on award type
- **Verify tenant income eligibility**
- Provide **minimum one-year leases**
- A **Declaration of Interest** being recorded on the property for the 10-year regulatory period
- Complete Annual Compliance Certification Form and provide supporting documents
- Comply with program requirements during the regulatory period

Photo Submission Instructions

Photographs must demonstrate **current property condition and vacancy status**.

- Exterior photos:
  - Each side of the building (minimum of four (4) sides)
  - Roof
- Interior photos:
  - Each room (one (1) per room)
  - Hallways and common areas

Photos should be emailed to: **HOCVRP@gmail.com**
Include the **property address in the subject line**. Limit each email to **ten (10) photos**. If additional photos are needed, please send multiple emails.

Application Prioritization

Applications that meet the established prioritization criteria will be reviewed and processed first, **subject to funding availability**.

Priority will be given to projects where:

- Units are **vacant and construction-ready**
- Essential utilities (water, sewer, electricity) are **already connected and operating**
- The **entire rehabilitation scope can be completed within the VRP grant award amount**
- The property is ready to **begin construction promptly upon approval**

Interior and exterior photographs submitted with the application will support verification of **property condition and readiness**.

Local Ownership & Portfolio Verification

To support participation of smaller local property owners, priority will be given to:

- Property owners with **small portfolios** (20 units or less); applicants must provide a **list of all properties owned**, including those held individually or through LLCs, partnerships, or business entities
- Property owners that are **local** (live in Oneida, Herkimer, Madison, Fulton, Montgomery, Hamilton, Otsego, Onondaga, Oswego, or Lewis counties). If a property is owned by a LLC, this prioritization criteria will be met if at least one LLC member lives locally per the definition herein
- Applicants must sign a **self-attestation confirming the accuracy and completeness** of this information

Participation Limits

- Property owners may **apply for one property at a time**
- If funding remains available after project completion, an owner may apply for an additional property
- A maximum of **five (5) units per owner** may be funded per grant funding round
- Funding may cover **no more than two (2) properties per owner** per grant funding round

To Apply

- Submit a **completed application**
- Submit **copies of all required documentation** (see **document checklist** for required documents)
- Submit copies of **photo IDs** showing the name and signature of all applicants
- Submit via email **interior and exterior property photographs**

*****To protect your personal information,**
only submit property photos via email (NO personal documents).***

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Vacant Rental Program for Oneida County Property Owners

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. **Pet Safety**: All pets must be securely confined during the evaluation.
4. **Unobstructed Access**: Rooms used for storage or containing excessive clutter **must be cleared** to allow full access for evaluation.
5. **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.
6. **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 apply once the property meets all requirements.

PROPERTY CONDITION REQUIREMENTS SIGN-OFF

I/We acknowledge receipt of the HomeOwnershipCenter's Housing Rehabilitation 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

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

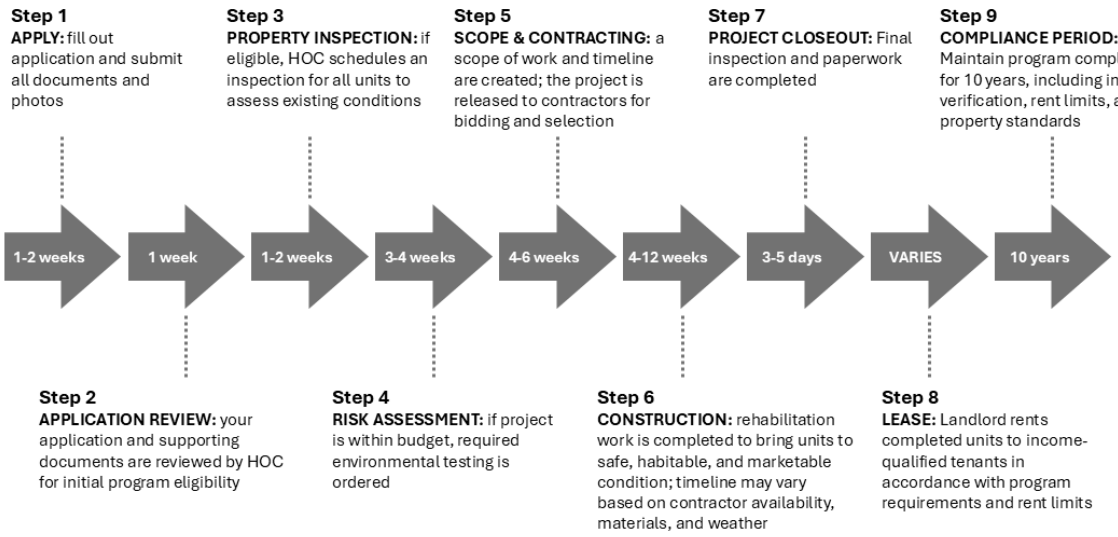
- ❑ Completed **program application** and **ALL signature pages**-must be signed!
- ❑ **Government issued photo ID** (i.e. Driver's License, Passport or Non-driver ID)
- ❑ **Social Security cards** for applicant and co-applicant- copies only!
- ❑ **Current deed** with full property description (Schedule A) and date of record. If additional parties are named on the deed, they will be required to sign paperwork.
- ❑ If owned by a business entity, **documentation of all principals of business** and **operating agreement** (if applicable)
- ❑ Copies of **bids/estimates** or **scope of work** (if available)
- ❑ Copies of any **lead inspection/risk assessment** or **asbestos reports** (if completed in the last 9 months)
- ❑ Copies of any **permits already obtained** (if applicable)
- ❑ Any **violation notices** (if applicable)
- ❑ Copies of any **architectural** or **engineering plans** (if applicable)

Documents That May Require Updated Copies

- ❑ Most recent property **loan/mortgage statements**. Include any loan statements secured by the property OR submit notification that there are no mortgages or loans secured by the property.
- ❑ **Property insurance declaration page** showing **full coverage with 100% replacement value** 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 utility bill statements** for all applicable utilities (electric, water, gas, etc.); must be current or you must provide proof of an existing payment plan OR explanation of why no bills can be provided.
- ❑ **Valid fire code certificate** for properties with 4+ units and mixed-use properties.
- ❑ Send **project site photos** to HOCVRP@gmail.com (see Photo Submission Instructions on page 2).

9-STEP VRP PROCESS

Average Project Timeline: ~ 6 Months (plus 10-year compliance period)



PROGRAM APPLICATION

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VRP

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
Applicant's Home Address			Co-Applicant's Home Address		
Address (City) (State) (Zip)			Address (City) (State) (Zip)		
County	Email		County	Email	
Marital Status ❑Single ❑Married ❑Divorced ❑Separated ❑Widowed			Marital Status ❑Single ❑Married ❑Divorced ❑Separated ❑Widowed		
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			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		
Primary Language ❑ Check if need interpreter			Primary Language ❑ Check if need interpreter		
Total Number of Properties Owned by or Under Control of Applicant			Total Number of Properties Owned by or Under Control of Co-Applicant		
Total Number of Residential Rental Units Owned by or Under Control of Applicant			Total Number of Residential Rental Units Owned by or Under Control of Co-Applicant		
Total Number of Commercial Properties Owned by or Under Control of Applicant			Total Number of Commercial Properties Owned by or Under Control of Co-Applicant		

RENTAL PROPERTY INFORMATION

Address of Rental Property	Is the property your primary residence? ❑YES ❑NO	Name(s) that appears on Deed/Title

Property Ownership Entity
❑ Individual ❑ Multiple Individuals ❑ Nonprofit ❑ Business Entity ❑ Trust ❑ Other _____

Value of Property	Active Property Insurance ❑YES ❑NO	Date Purchased	Mortgage Balance	Current on Taxes ❑YES ❑NO	Tenants? ❑YES ❑NO

Total Number of Occupied Units	Total Number of Vacant Units	Number of Vacant Units Requesting VRP Assistance	Total Number of Rental Units After Rehabilitation

Which of the following best describes the property?
❑ Residential – Fully Vacant ❑ Residential – Partially Vacant
❑ Mixed-Use – Fully Vacant ❑ Mixed-Use – Partially Vacant
❑ Other – Fully Vacant ❑ Other – Partially Vacant

Describe property including any current uses and occupancy.

Will the tenant(s) be responsible for paying utilities?
❑YES ❑NO

If yes, check all that will apply:
❑ Heating ❑ Cooking
❑ Electricity ❑ Hot Water
❑ Trash ❑ Water/Sewer

Do you have a written Codes Violation or ROP Report? ❑ YES ❑NO If, YES, please submit a copy with your application.

Are your utility bills paid up to date? ❑YES ❑NO If NO, are you on a payment plan with your providers? ❑YES ❑NO

Is the property life-use or held in a trust? ❑YES ❑NO

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

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Applicant Name: _____

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GRANT REQUEST

What type of Grant Award are you requesting?

❑ **Standard Award: up to $50,000 per eligible unit.**
The compliance requirement for this award is to rent to tenants with income up to 80% AMI at a rate affordable to the 80% AMI level

❑ **Enhanced Award: up to $75,000 per eligible unit.**
The compliance requirement for this award is to rent to tenants with income up to 60% AMI at a rate affordable to the 60% AMI level

Estimated Total Grant Funds Requested (include funds for all vacant units applying for assistance)

SCOPE OF WORK

Describe the anticipated rehabilitation activities for which you are requesting VRP grant assistance. If awarded funds, HomeOwnershipCenter will prepare a detailed scope of work and cost estimate for your project. Attach any estimates, bids or written scope of work documents that have already been prepared.

PROJECT READINESS

Describe the status of your project, including any approvals already received, permits obtained, plans created, environmental testing completed, other funding sources committed, or any other information regarding project readiness.

CONFLICTS OF INTEREST

Identify any potential conflicts of interest in receiving grant assistance including personal and familial relationships with staff of HomeOwnershipCenter.

Applicant Name: _____

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APPLICANT ATTESTATIONS

Applicants for VRP assistance must agree with the following by checking the box to the right of each statement.

RESPONSIBLE OWNER VERIFICATION STATEMENTS	☑ I AGREE Applicant	Co-Applicant
Payments on the primary mortgage and other loans secured by this property are current and the property is not in foreclosure proceedings OR there is no current mortgage or loan secured by the property and the property is not in foreclosure proceedings.	❑	❑
There are no delinquent property taxes for this property, including local, county, school, and other applicable taxes.	❑	❑
There are no overdue utility payments for this property, including any gas, electric, water, and other utilities applicable to this property.	❑	❑
There is an active comprehensive insurance policy in effect for this property OR I can document that the property is not currently insurable but will be insured after work is completed.	❑	❑
No owners of the property are currently involved in any bankruptcy proceedings.	❑	❑
There are no outstanding or unresolved federal, state, or local liens on the property.	❑	❑
I have not been found in violation of any local, state, or federal fair housing laws or regulations with any properties in my real estate portfolio or myself as the property owner(s) including any properties under my control through a subsidiary or other entity/owner.	❑	❑
I am not currently under investigation by the Department of Health (DOH), the Environmental Protection Agency (EPA), the Department of Housing and Urban Development (HUD), any state agency, or any local government, for any violations of laws or regulations.	❑	❑
Acknowledgement of Select Grant Conditions and Requirements (other requirements apply)	☑ I AGREE Applicant	Co-Applicant
The units I am applying to receive assistance for are vacant and are either not currently habitable or not currently marketable due to their condition.	❑	❑
I have not, and will not, displace a tenant voluntarily or involuntarily either permanently or temporarily for the purposes of making a unit eligible for grant assistance.	❑	❑
I understand that if my property was constructed prior to 1980, the program requires a Lead Risk Assessment and that the scope of work is required to address any identified lead hazards.	❑	❑
If my property is located in a flood plain I understand that I may be required to obtain flood insurance to receive VRP assistance.	❑	❑
I will facilitate necessary site visits by the Grantor to verify eligibility for grant assistance and to inspect the property.	❑	❑
I understand that I am not permitted to serve as my own contractor, that a competitive bidding process to solicit a qualified contractor will be conducted on my behalf, and that no costs incurred prior to signing a grant agreement are eligible for reimbursement.	❑	❑
I will abide by the program requirements for 10 years, including selecting income-qualified tenants, charging rents at or below the maximum allowed by the program, keeping units in good condition, allowing for periodic site inspections, and transferring the property only to a new owner willing to assume the obligations of the program.	❑	❑
If selected for a VRP award, I will execute an agreement with the Grantor and agree to file a Declaration of Interest on the property with the County Clerk. I understand that non-compliance may require full repayment of any awarded grant funds.	❑	❑

CERTIFICATIONS

	Applicant	Co-Applicant
Are you a US Citizen or a Permanent Resident alien?	❑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
Do you have any past-due obligations owed to or insured by an agency of the federal government?	❑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

Please tell us how you heard about us...

❑ Radio ❑ TV ❑ Social Media ❑ Referral: referred by who? _____

❑ Other _____

Applicant Name: _____

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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	Foreign born: ❑YES ❑NO	Sex: ❑ Male ❑ Female	Foreign born: ❑YES ❑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

The Vacant Rental Program is a state-wide program made possible through NYS Office of Homes and Community Renewal.

Applicant Name: _____

HomeOwnershipCenter
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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: _____

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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.****

Applicant Name: _____

HomeOwnershipCenter
INVEST. RENEW. GROW.

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