



Dear Homeowner:

Thank you for choosing Home HeadQuarters, Inc. for your home improvement and repair financing needs.

Please note that there are several required supporting documents, which must be submitted along with your Home Improvement Loan Application, listed below. Incomplete applications cannot be processed and will be returned to you.

- Proof of income for all members who reside in the household** (e.g. 3 recent pay stubs; benefit letter for SSI, Social Security, pension, unemployment, workers compensation, disability, etc.). If a household member does not have any income, including unemployment, workers compensation, etc., please submit a signed and dated written statement from that person attesting that they do not have any income. If a household member is a full time student over the age of 18, please provide a current semester course schedule showing name and number of credits being taken.
- Copy of Federal Tax Returns from the last 2 years.** If you do not file Federal Tax returns, please sign at the bottom of page 3 of the application or provide a written statement indicating that you do not file.
- Bank Statements from the last 3 months for all accounts for all household members.**
- Copy of current Mortgage Statement, showing monthly payment and interest rate.**
- Copy of the recorded deed to your home with legal description attached (Schedule A).**
- Copy of the declarations page of your homeowner's insurance policy stating current policy period, amount of coverage & listing all mortgages against the property.**
- Copy of picture I.D.** (e.g. driver's license, passport, benefits card)

Additionally, we may request additional documents in order to qualify you for special programs, if applicable.

If you have any questions, please feel free to contact us at 315-474-1939 or by email at [info@homehq.org](mailto:info@homehq.org). We look forward to working with you!

Sincerely,

*Home HeadQuarters Home Improvement Lending Team*

# 1% HOME REPAIR LOAN



## BEST PROGRAM FOR YOU

There may be programs available which offer lower interest rates and/or a grant component depending on your household income and/or the neighborhood in which you live. Home HeadQuarters will always work to place you in the best possible program and will notify you about the programs available for you. Please note: Home HeadQuarters does not provide 100% grant funding.

Please fill out this application form completely, sign and date it, and review the checklist of required documents to ensure your application packet is complete.

### IS YOUR REPAIR AN EMERGENCY?

Leaking Roof    No Heat    No Hot Water    Sewage Back-up    Other: \_\_\_\_\_

### COVID IMPACT

Have you had a COVID-19 related impact (i.e. job loss, loss of income) at any time during the pandemic?    Yes    No

### CUSTOMER INFORMATION

|  |  |
|--|--|
| Borrower Name:   | Co-Borrower Name:                      |
| Social Security Number:                                      | Social Security Number:                |
| Date of Birth:   | Date of Birth:                         |
| Address (Street):  | Address (Street):                      |
| (City, Zip):   | (City, Zip):                           |
| <i>Please circle preferred method of communication below</i> |  |
| Home Phone:                      Cell:                       | Home Phone:                      Cell: |
| Email:   | Email:                                 |

### EMPLOYMENT INFORMATION

|                   |   |                   |   |
|-------------------|---|-------------------|---|
| Name of Employer: |   | Name of Employer: |   |
| No. of Years      | Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | No. of Years      | Self Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Annual Income:    |   | Annual Income:    |   |

### HOUSEHOLD INFORMATION

**Please list ALL persons currently living in your household (attach separate sheet of paper if needed)**

Estimate annual income if necessary. Please indicate if any household members are full-time students

| Name | Date of Birth | Annual Income | Source of Income |
|------|---------------|---------------|------------------|
|      |               |               |                  |
|      |               |               |                  |
|      |               |               |                  |
|      |               |               |                  |
|      |               |               |                  |



# 1% HOME REPAIR LOAN



## RENTAL PROPERTY INFORMATION

Do you receive rental income?  Yes  No If yes, monthly amount:

## PROPERTY INFORMATION

Is the property you are renovating your Primary Residence?  Yes  No # of Units

Property Deed/ Title in the name of: Are your property taxes escrowed?  Yes  No

Please list institutions or persons and mailing addresses of those who hold a mortgage on the property.

| Name | Address | Balance |
|------|---------|---------|
|      |         |         |
|      |         |         |

Please describe needed **repair items with estimated costs** (attach another sheet of paper if needed):

**\*\*We strongly encourage you to get an estimate from a contractor as soon as possible.\*\***

| Repair Item |
|-------------|
|             |
|             |
|             |
|             |

## 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.)

|   |   |
|---|---|
| <b>Borrower</b> <input type="checkbox"/> I do not wish to furnish this information  | <b>Co-Borrower</b> <input type="checkbox"/> I do not wish to furnish this information   |
| <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino   | <b>Ethnicity</b><br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino   |
| <b>Race</b><br><input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian American<br><input type="checkbox"/> Black or African American <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other | <b>Race</b><br><input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian American<br><input type="checkbox"/> Black or African American <input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other |
| <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____   | <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____   |



# 1% HOME REPAIR LOAN



## SIGNATURES

I authorize Home HeadQuarters, Inc. (HHQ) to obtain credit reports in connection with this application and any loan or account established, as well as any update, renewal, extension, review or collection thereof. HHQ will use the credit report to confirm my residency address, review existing credit obligations, payment history, and determine whether my income is eligible to support a loan payment. Upon my request, HHQ will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

I also authorize HHQ to verify any information contained in this application with other parties and to report its transactions with me. I authorize HHQ, the lender, to share information I have provided on this application and any other information relevant to my home improvement service with any of the Program partners.

I certify that all statements made in this application are true and are made for the purpose of requesting home improvement services.

Home HeadQuarters, Inc., its agents and/or assignees, reserves the right to inspect any and all work associated with a home improvement loan or grant or any other HHQ financial product or service.

This application in no way guarantees or implies funding and/or service through Home HeadQuarters, Inc., its agents and/or assignees.

|                                 |             |
|---------------------------------|-------------|
| <b>Signature of Borrower</b>    | <b>Date</b> |
| <b>Signature of Co-Borrower</b> | <b>Date</b> |

## REQUIRED SUPPORTING DOCUMENTS

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I \_\_\_\_\_ **do not file taxes.**

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- Please Note:** We may ask for additional documents in order to qualify you for special programs, if applicable.