

CITY OF ELMIRA HOME IMPROVEMENT PROGRAM



**CITIES
RISE**



**HOME
HEADQUARTERS**
SYRACUSE & UPSTATE NY

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>		<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

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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.)

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



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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.

Signature of Borrower	Date
Signature of Co-Borrower	Date

REQUIRED SUPPORTING DOCUMENTS

- 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, disability, etc.). If a household member does not have any income, including workers compensation, unemployment, 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 here:

I _____ **do not file taxes.**

- 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 declarations page of your homeowner's insurance policy stating current policy period, amount of coverage & listing of all mortgages against the property**
- Copy of picture I.D.** (e.g., driver's license, passport, benefits card)
- Please Note:** We may ask for additional documents in order to qualify you for special programs, if applicable.

