

HOME IMPROVEMENT LOAN

Request for Service



Home HeadQuarters, Inc.
SYRACUSE & CENTRAL NY

CUSTOMER INFORMATION			
Borrower		Co-Borrower	
Social Security No.	Date of Birth	Social Security No.	Date of Birth
Address (Street)		Address (Street)	
(City, Zip)		(City, Zip)	
Phone: Home	Cell	Phone: Home	Cell
Email		Email	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMPLOYMENT INFORMATION			
Name of Employer		Name of Employer	
Number of Years	Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of Years	Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer Address		Employer Address	
Position		Position	
Business Phone	Annual Income	Business Phone	Annual Income
HOUSEHOLD INFORMATION: PLEASE INCLUDE ALL HOUSEHOLD MEMBERS, ESPECIALLY THOSE AGE 7 OR YOUNGER			
<i>Please list ALL persons currently living in your household. (Use and attach separate sheet of paper if additional space is needed)</i>			
Name	Date of Birth	Annual Salary (If any)	Source of Income
PROPERTY INFORMATION			
Address of Property to be improved (street, city, zip)			# of Units
Property you are renovating is your Primary Residence? YES <input type="checkbox"/> NO <input type="checkbox"/>		Property Deed/Title in the name of	
		Are your property taxes escrowed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Please list institutions or persons with mailing addresses of those who hold a mortgage on the property.</i>			
Name	Address		Balance
Please describe needed Repair Items (attach another sheet of paper if needed):			
RENTAL PROPERTY INFORMATION			
Address of Rental Property (Street, City, Zip)			
Do you receive rental income? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, monthly amount:	Any tenants under seven years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Please list institutions or persons with mailing addresses of those who hold a mortgage on the property.</i>			
Name	Address		Balance



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INFORMATION FOR GOVERNMENT MONITORING PURPOSE

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 I do not wish to furnish this information

CO BORROWER 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, Alaskan Native Black or African American
 Native Hawaiian or Other Pacific Islander Asian American
 White

Race

American Indian, Alaskan Native Black or African American
 Native Hawaiian or Other Pacific Islander Asian American
 White

Sex Male Female

Sex Male Female

SIGNATURE SECTION

I certify the truth of my statements above and authorize the Lender to obtain credit reports in connection with this application and any Loan or Account established hereby, as well as any update, renewal, extension, review or collection thereof. If it does, I will, upon request, be informed of that fact and each credit bureau's name and address. I also authorize the Lender to verify with others any information contained in this application and any other information relevant to my home improvement service with any of the Program partners, including but not limited to the Eastwood Neighborhood Association and Community Preservation Corporation, and to report its transactions with me.

All statements made in this application are true and are made for the purpose of requesting home improvement services. I understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of the United States Criminal Code.

Home HeadQuarters, Inc., its agents and/or assignees, reserves the right to inspect any and all work associated with a Home Improvement Loan, Energy Improvement Loan or grant or any other Home HeadQuarters' financial product or service. In compliance with federal lead regulations, the federal government requires that Home HeadQuarters inspect all homes to be assisted for possible defective paint surfaces.

This Request For Service in no way guarantees or implies funding and/or service through Home HeadQuarters, its agents and/or assignees.

Signature of Borrower

Date

Signature of Co-Borrower

Date

Program Details

1. 3.99% fixed interest rate (**APR-Annual Percentage Rate 4.570%***).
2. Loans of up to \$10,000 (based on eligibility).
3. No income eligibility requirements.
4. No home equity required.
5. Flexible terms.
6. Your choice of contractor (Must provide general liability, worker's compensation insurance & all EPA renovator and firm certification).

***Assumes a loan of \$10,393 with a term of 7 years.**

To apply, you must submit the following:

1. Eastwood Neighborhood 5 - Star Home Repair Program Request for Service form (signed and dated).
2. Copy of the recorded deed to the property.
3. Proof of income for all members who reside in applicant's household (i.e., 3 recent pay stubs; benefit letter for SSI, Social Security, pension, unemployment, disability, etc.).
4. Complete copy of last year's federal tax return.
5. Copy of declarations page of homeowner's insurance stating current policy period, amount of coverage & listing of all mortgages against the property.
6. Copy of picture ID (i.e., driver's license).
7. Lead test for anyone under the age of seven.



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Attachment: PROJECTED REVENUE SHEET FOR INVESTOR-OWNED PROPERTY TO BE ASSISTED

List All Units	# Bedrooms	Total Projected Income from Each Unit	Currently Occupied or Vacant?	Gross Income
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
Total		\$		
<i>ESTIMATE OF ANNUAL OPERATING EXPENSES AFTER REHABILITATION</i>				
Administrative – Advertising	\$	Management		\$
Janitorial	\$	Fuel (heating & domestic hot water)		\$
Water	\$	Lighting & Misc. Power		\$
Repairs	\$	Exterminating		\$
Insurance	\$	Ground Expenses (materials only)		\$
Other		TOTAL		\$
TOTAL OPERATING EXPENSE				\$
<i>PROJECTED ANNUAL OPERATING STATEMENT</i>				
1. Income: Gross Income expectancy				\$
2. Operating Expense: Total operating expenses				\$
3. Taxes	a. Real Estate		\$	
	b. Other (specify)		\$	
	c. Total Taxes			
4. Fixed charges:				
a. Principal & interest on other liens secured by the property				
b. Other fixed charges (specify)				
c. Total fixed charges – Equals % of Net Rental Income				\$
5. Total operating expenses, taxes and fixed charges				\$
6. Cash available for income, corporate taxes, dividends or surplus (Line 1 minus Line 5)				\$

