

Skunk City Purchase Rehabilitation Program (For Home-Buyers) REQUEST FOR SERVICE

APPLICANT INFORMATION

Applicant Name: _____ Co-Applicant Name: _____

Applicant SS# _____ Co-Applicant SS# _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Present Mailing Address: _____
Number and Street City Zip

Co-Applicant Mailing Address: _____
Number and Street City Zip

Do you presently: Own Rent If you rent, what is your current rent? \$ _____

Address of the home you wish to purchase: _____
Number and Street City Zip

Is the home handicapped accessible? Yes No

Did you submit a purchase offer to the seller? Yes No

How many units are in the home? 1 2 3

In the past three years did you own a home? Yes No

INCOME/CREDIT INFORMATION

Including yourself, please list **all persons** in your household and complete the information below.

NAME	Date of Birth	TOTAL GROSS ANNUAL EARNINGS	SOURCE OF INCOME (Employer)	FOR HOW LONG?
1.				
2.				
3.				
4.				
5.				
6.				

Total Income: \$ _____

Account	Bank	Balance	Other Assets
Checking ___ Yes ___ No	_____	\$ _____	Stocks, Bonds, Other Property _____ _____
Savings ___ Yes ___ No	_____	\$ _____	Balance \$ _____

OVER →

Syracuse United Neighbors • 1504 South Salina Street • Syracuse, NY 13205
Ph: 315-476-7475 • Fax: 315-476-4523



**SKUNK CITY PURCHASE REHABILITATION PROGRAM
REQUEST FOR SERVICE, CONT.**

DEBT INFORMATION

List all credit cards, charge accounts, and loans (attach an additional sheet if necessary)

Borrower (B) or Co- Borrower (C)	Creditor Name & Address	Account Number	Date Incurred	Original Amount	Present Balance	Monthly Payment	Amt. Past Due

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"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

IMPORTANT - PLEASE READ BEFORE SIGNING

I certify to 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 or home purchase service with any of the Program partners, including but not limited to Syracuse United Neighbors (SUN), 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 service. Verification may be obtained from any source named in this form. Further, I/we authorize Home HeadQuarters, Inc. or its assigns to obtain a consumer credit report at any time.

I/We do or do not intend to occupy the property as my/our primary residence.

I/We 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 provisions of the United States criminal code. I/We understand that, in compliance with lead regulations, the federal government requires that Home HeadQuarters inspect all homes to be assisted for possible defective paint surfaces. Ownership of the loan may be transferred to successor or assign of the Lender without notice to me, and/or the administration of the loan account may be transferred to an agent, successor, or assign of the Lender with prior notice to me.

The information in this application was completed to the best of my knowledge.

Signed:

Applicant

Co-Applicant

Date



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