

1% HOME REPAIR LOAN*

VILLAGE OF SOLVAY HOMEOWNERS



Empire State
Development



Joanne M. Mahoney
County Executive

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. **Applications without all supporting documents cannot be accepted.**

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:	
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:	
No. of Years	Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	No. of Years	Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer Address:		Employer Address:	
Position:		Position:	
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
RENTAL PROPERTY INFORMATION			
Do you receive rental income? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, monthly amount:	
Address of rental property (Street, City, Zip):			
Are there any tenants under the age of six? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Please list institutions or persons and mailing addresses of those who hold a mortgage on the rental property.			
Name	Address		Balance
PROPERTY INFORMATION			
Is the property you are renovating your Primary Residence? YES <input type="checkbox"/> NO <input type="checkbox"/>		# of Units	
What would you estimate is the market of your property?			
Property Deed/Title in the name of:		Are your property taxes escrowed? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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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):		
Exterior Repair Item	Estimated Cost	

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/Latino <input type="checkbox"/> Not Hispanic/Latino	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/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
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

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



SUPPORTING DOCUMENT CHECKLIST

Thank you for choosing Home HeadQuarters, Inc. for your financing needs. For your application to be processed, you must submit copies of the following documentation:

Please note, we are unable to accept incomplete applications. All supporting materials must be submitted at the time of application to Home HeadQuarters' Lending Department.

- 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
- 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 submit a signed and dated written statement attesting that you do not file.
- Three (3) months most recent consecutive bank statements for all accounts. Submit all pages.
- Copy of picture I.D. (e.g., driver's license)

*NOTES

- Exterior work only
- Maximum loan amount \$15,000
- Income eligible Village of Solvay homeowners may receive a grant of up to \$2,500 as part of their loan.