

**FRONTIER HOUSING CORPORATION
APPLICATION FOR HOUSING ASSISTANCE**

If you need more space for any question, please include additional information on an attached sheet.

Please check the type of assistance for which you are applying: _____ Owner-Occupied Housing Rehabilitation Assistance
 _____ RESTORE Assistance

APPLICANT'S NAME _____ **SS#** _____

CO-APPLICANT'S NAME _____ **SS#** _____

CURRENT ADDRESS Street _____
 City, State, Zip _____
 Town _____ Phone _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DEPENDENTS' NAMES

1. _____ Age _____ Relationship _____
 2. _____ Age _____ Relationship _____
 3. _____ Age _____ Relationship _____

OTHER ADULT MEMBERS OF HOUSEHOLD

1. _____ 2. _____

PREVIOUS APPLICATIONS

Have you ever applied for funds from Frontier Housing Corporation or any other agency in Jefferson County, New York? Yes No
 () ()

If yes, please list agency or agencies: _____

Was your request refused? () ()

If yes, please explain:

INCOME AND ASSETS

CURRENT HOUSEHOLD INCOME - List income information for each adult household member. The following types of income must be included: Employment income (including wages and salaries, overtime pay, commissions, fees, tips and bonuses); net income from the operation of a business; interest, dividends, and other net income of any kind from real or personal property; periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts; unemployment or disability compensation; worker's compensation and severance pay; welfare assistance; alimony; child support payments; all regular pay and allowances of a member of the Armed Forces.

<u>Name</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

ASSETS – List any of the following types of assets: cash held in savings accounts, checking accounts, safe deposit boxes, etc.; equity in rental property or other capital investments; cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts; individual retirement and Keogh accounts; retirement and pension funds; personal property held as an investment; cash value of life insurance policies available to the individual before death; lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements, etc.; mortgages or deeds of trust.

Type of Asset _____ Cash Value _____

OUTSTANDING DEBTS
(Including credit cards, loans, utilities, support, day care...)

<u>Lender</u>	<u>Type of Debt</u>	<u>Monthly Payment</u>	<u>Balance</u>

DESCRIPTION OF OWNER-OCCUPIED DWELLING (Rehabilitation applicants only)
Please supply information on the home for which you are requesting assistance.

Location (including tax parcel number) _____

Date of Initial Construction _____ Type of Construction _____
Outbuildings _____
Mortgage Held By _____
Value _____
How long have you owned your home? _____

Required Attachments:

All applicants must attach to this application form copies of the following information for each adult household member in order for the application to be considered complete:

1. At least four consecutive payroll stubs showing year-to-date earnings
2. Proof of any other household income, including but not limited to: Social Security, SSI, pensions, veteran's benefits, educational benefits, alimony, child support, interest income, compensation and disability payments.
3. Documentation showing any other income listed under the "Income and Assets" section of this application.
4. The deed or proof of ownership for your property
5. Proof of homeowner's insurance
6. The latest receipt showing paid property taxes

Only Owner-occupied housing rehabilitation applicants must also attach:

1. Signed federal and state income tax returns from the past two years.
2. W-2 forms, 1099 forms, etc. from the past two years.
3. Bank books or most recent bank statements for all checking and savings accounts
4. Proof of all utilities are paid up to date

Only RESTORE applicants must also attach:

1. Proof of age (applicants are required to be 62 years of age or older to participate)

All information will be kept confidential. All applications received become the property of Frontier Housing Corporation.

Neither Frontier Housing Corporation, nor any participating financial institution or government agency, guarantees the quality of the materials or workmanship purchased under this program. Contractual performance is an obligation of the homeowner.

I/we hereby apply for financial assistance from Frontier Housing Corporation's housing program grant funds.

I/we certify that the above statements are true, accurate and complete to the best of my/our knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

I/we hereby consent and authorize Frontier Housing Corporation to: (a) obtain verification of information required for compliance with the regulations of the program, including income, expenses, employment, property appraisal and contractor estimates; (b) upon giving reasonable notice, to enter the applicant's property for the purpose of determining which improvements are needed and to inspect completed work.

During the review of my/our application, Frontier Housing Corporation may obtain a consumer report on me/us and if the application is approved, Frontier Housing Corporation may at any time in the future obtain additional consumer reports until my/our project is completed. I/we have the right to ask for the name and address of the consumer reporting agency which gave Frontier Housing Corporation the consumer report.

If applying for owner-occupied rehabilitation funds, I/we hereby certify that the dwelling unit described in this application is my/our primary dwelling.

Applicant

Co-applicant

Date

Date

STATISTICAL DATA

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Furthermore, Federal and state laws prohibit discrimination on the basis of age, sex, race, national or ethnic origin, family status or handicap. Frontier Housing Corporation is committed to serving its community without discrimination, and will comply with all rules and regulations regarding Fair Housing, Equal Employment Opportunity, and Minority and Small Business participation. This data is for statistical purposes only and will not be considered by any official of Frontier Housing Corporation, or any local, state or federal official in determining an applicant's eligibility for assistance.

Ethnicity: Hispanic or *Latino* () Non Hispanic or Latino () **Gender:** Male () Female ()
Race: () White () Black/African American () Black/ African American & White () Hispanic () Native American
() American Indian/ Alaskan Native & White () American Indian/ Alaskan Native & Black/ African American
() Asian or Pacific Islander () Asian () Asian & White () American Indian/ Alaskan Native () Native Hawaiian/ Other Pacific Islander

Are you a United States citizen? () Yes () No

Are you a veteran of the United States Armed Forces? () Yes () No If yes, indicate service from _____ to _____ Branch _____

Completed applications can be mailed to: Frontier Housing Corporation, P.O. Box 56, Dexter, New York 13634; or can be dropped off at our office located at 321 Lakeview Drive, Dexter, New York. Please call (315) 639-3940 if you have any questions.

**Frontier Housing Corporation
Conflict of Interest Disclosure**

This disclosure applies to any person who is an employee, agent, consultant, officer, or elected official or appointed official of Frontier Housing Corporation or to anyone who has family or business ties to those aforementioned persons and who are receiving funds from any of Frontier Housing Corporation's programs.

In general terms, no persons described above who exercise or have exercised any functions or who are in a decision making position or who may gain inside information with respect to Frontier Housing Corporation's activities may obtain personal or financial benefit or have an interest in any contract, subcontract, or agreement from a Frontier Housing Corporation assisted activity for themselves or those with whom they have family or business ties. It is recognized that not all relationships or situations are conflicts of interest and that it is possible to receive an exception from certain conflicts.

DISCLOSURE

1. _____ I/We have no business or family ties with anyone identified above.
2. _____ I/We am/are a person identified above (please explain): _____
3. _____ I/We have a business or family tie to person(s) identified above (please explain):

I/We the undersigned certify that the above information is true to the best of my/our knowledge.

Signed: _____ Date: _____

Signed: _____ Date: _____

**

For office use only: If a potential conflict of interest is disclosed, check and attach determination. _____