

APPLICATION FOR OWNER OCCUPIED REHABILITATION

FRONTIER HOUSING CORPORATION

321 Lakeview Drive
PO Box 56
Dexter, NY 13634
315-965-8150

Lisa@frontierhousingcorporation.com

For Office Use Only:

APPROVED: YES ( ) NO ( )

DENIED: YES ( ) NO ( )

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

APPLICANT'S NAME SS# DOB

CO-APPLICANT'S NAME SS# DOB

CURRENT ADDRESS Street City, State, Zip Town Phone Email

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DEPENDENTS' NAMES

1. Age DOB Relationship
2. Age DOB Relationship
3. Age DOB 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? Yes No

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.

Table with 3 columns: Name, Type of Income, Gross Amount. Includes rows for listing household members' income.

**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.**

<u>Type of Asset</u>	<u>Cash Value</u>
_____	_____
_____	_____
_____	_____

**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 \_\_\_\_\_ Other Structures \_\_\_\_\_

Type of Construction \_\_\_\_\_ Type of Foundation \_\_\_\_\_ Type of Roofing \_\_\_\_\_

Mortgage Held By \_\_\_\_\_ Value \_\_\_\_\_

How long have you owned your home? \_\_\_\_\_

Potential Home repairs: \_\_\_\_\_

**Required Documentation:**

**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 six 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 showing ownership for your property along with the Schedule A
5. Proof of homeowner’s insurance and proof showing paid up-to-date
6. Copy of property taxes and proof showing paid up-to-date
7. Signed federal and state income tax returns from the past two years
8. W-2 forms, 1099 forms, etc. from the past two years.
9. Bank books or most recent bank statements for all checking and savings accounts
10. Proof of all utilities are paid up to date

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 and that the above information is true to the best of my/our knowledge.

\_\_\_\_\_  
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) 965-8150 if you have any questions.

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