

## **Home Rehabilitation and Purchase Program Application** Return to Opportunities for Otsego at 3 West Broadway, Oneonta, NY 13820



All applicants are required to submit documentation which confirms information provided below. A list of acceptable documentation is provided at the end of this application.

Applicant Information	on					
Name (Applicant 1):		SSN:		DOB:		
Name (Applicant 2):		SSN:		DOB:		
Address:			Primary Phone:		Circle: Home Cell Work	
			Email:		Check if any applicant is:	
					[ ] Disabled [ ] Elderly	
Number of persons i	in household:	Adults	C	hildren (under 18)	[ ] Traumatic Brain Injury	
Property Informatio	n					
Is the property you	wish to rehabilitate/purc	hase in the C	City of Oneo	onta?	[] Yes [] No	
Is the property you	wish to rehabilitate/purc	hase a single	e-family ho	me?	[] Yes [] No	
outside of the City, conta	tion, STOP HERE. This app ct Otsego Rural Housing Assist unity Development at 607.432.	tance at 607.28	5.7244. If you	are seeking assistance for R		
	ou wish to rehabilitate/p				[ ] Yes [ ] No [ ] I do not know	
Please check all	[] I/We own and live	in the home	)	[ ] I/We own a home but do not live in it		
that apply:	[ ] I/We have never o	wned a home [ ] I/We lost home		ne in foreclosure		
	[ ] I/We previously o	wned, but so	ld home	Date of sale		
	[ ] I/We previously o	wned with fo	ormer spou	se Date of home sepa	aration	
Income Information						
income imormation	income of dependents the			enoia. Amounts snouia de G	ross/Pre-tax. Do not include	
Employer (Applicant 1):			Since:			
Employer (Applicant 2):						
Incor	ne Source	Applio	eant 1	Applicant 2	Other Adult(s)	
Self-Employment				PF		
Wages/Salaries						
SSDI or SSI						
Social Security						
Pension/Retiremen	nt					
Veteran's Benefit						
Disability (private						
Interest/Dividends						
	nony/Spousal Support					
Real Estate/Rental						
Worker's Compens						
Unemployment Be	nefits					
Public Assistance						
Other (specify):						
TOTAL INCOME						

Agget Informe	tion			
Asset Informa	tion			
Balance of:	Savings Account(s) \$	Checking Account(s) \$		
Value of:	CD's \$	Stocks/Bonds \$		
	Retirement Account (401k, 403b, IRA's) \$	,	•	
	тененен (401к, 403 <i>b</i> , 11ст з) <u>ф</u>	_		
Long Term De	bt Information			
	Monthly Expenses	Applicant 1	Applicant 2	
* Car Loan(s)				
* Credit Card(	-			
	s) – Monthly Payment			
	s (Only include if on payment plan)			
* Student Loan				
* Personal Loa	nn(s)			
* Other Loan(	s)			
Child Support	PAID OUT			
Alimony/Spot	ısal Support PAID OUT			
Housing Amor	unt: Mortgage/Rent			
	irrent address?			
	y Costs: Heat/Electric (Note if included in rent)			
	(2.000.00.00.00.00.00.00.00.00.00.00.00.0		If yes, what type?	
Does your hou	sehold receive housing assistance?	[] Yes [] No	[ ] HEAP [ ] Section 8	
	- Company of the Comp		[ ] Other	
Current on all	debts (e.g. credit card, car payment, medical bill,	[ ] Yes [ ] No	[ ] Yes [ ] No	
student loan)?		[ ] Yes [ ] No	[] Yes [] No	
Has ever been	turned over for debt collection?	[] Yes [] No	[] Yes [] No	
Has ever filed	for bankruptcy?	[ ] Yes [ ] No	[] Yes [] No	
If yes, note da	te of filing:			
If yes on any o	f the above questions, please explain (e.g. why de	linquent on debt, what was turn	ed over for collection,	
what led to ban	kruptcy, what was the outcome):			
Current Home		[ ] \$7 [ ] \$1		
Current on mortgage payments*?		[] Yes [] No		
Current on property and school taxes?		[] Yes [] No		
Current on homeowner's/flood insurance payments?		[] Yes [] No		
Have you received assistance from The City of Oneonta		[] Yes [] No		
previously to purchase and/or rehabilitate your home?  *If you have a loan modification agreement due to foreclosure, provide proof of 6 months of on-time payments in the				
_	-	le proof of 6 months of on-time p	payments in the	
modification ag	reement.			

need a waiver in order to participate in a program. A conflict of in an employee, officer, or elected official of the City of Oneonta or C that may also result in a conflict.	terest may be present if a	an applicant is related to	
To help us make that determination, all applicants are to <b>answer</b> the City of Oneonta can request a waiver, which must be reviewed and appropriate, The City of Oneonta and/or Opportunities for Ot	and granted by the fund tsego will make a waiver	ling source. If necessary request on your behalf.	
	Applicant 1	Applicant 2	
Is any applicant or household member listed in this application a current or past employee, officer, elected official, or board member of either the City of Oneonta or Opportunities for Otsego?	[] Yes [] No	[] Yes [] No	
If yes, please explain.			
Does any applicant or household member listed in this application have any business involvement, decision-making responsibilities, or financial interest through their involvement with The City of Oneonta of Home Rehabilitation and Purchase Program(s) or its employees, consultants, officers, elected officials, or board members?	[]Yes []No	[ ] Yes [ ] No	
If yes, please explain.			
Does any applicant or household member listed in this application have immediate family ties with any persons involved with the administration of The City of Oneonta Home Rehabilitation and Purchase Program(s), including employees, consultants, officers, elected officials, or board members?  Immediate ties include, whether related by blood, marriage, or adoption: spouse, parent (including step-parent), child (including stepchild), brother, sister (including step brother or step sister) grandparent, grandchild, and in-laws or a covered person.	[] Yes [] No	[] Yes [] No	
If yes, please explain.			
I attest that all information, including income and assets submitted documents is true and accurate as of the date	of this application.	and within the	
Applicant 1 Signature:	nt 1 Signature:		
Applicant 2 Signature:		Date:	
As representative for The City of Oneonta Home Rehabilitation are reviewed the application and its attachments for accuracy.  Signature:	<b>G</b>	I attest that I have  Date:	
~-0			

Conflict of Interest

-		-	
Rea	nnred	L)ocum	entation

Please include the following documents with your application. These documents will be used to verify the information provided in the written portion of the application, determine income eligibility, and property appropriateness for available programs. Households deemed ineligible may be placed on a waiting list for future housing programs.

Use the list below as a checklist to ensure your application is complete. If you are unable to make copies of the required documents, please contact Opportunities for Otsego to make arrangements.

Applicant Information	Applicant 1	Applicant 2
Driver's License <u>OR</u> Photo ID	[]	[]
Social Security Card	[]	[]
Property Information	Applicant 1	Applicant 2
CURRENT HOMEOWNER(S)		
Copy of Deed <u>OR</u> In the case of life estate, a copy of the recorded deed documenting	[]	
life use, or another legal document recorded and filed with the County Clerk.	LJ	
PREVIOUS HOMEOWNER(S)		
Documentation of foreclosure, sale, or separation from home which includes date of	[]	[]
event.	LJ	LJ
PURCHASER(S)		
If available, MLS/Property listing <u>OR</u> Contract of sale	[ ]	
Income Information	Applicant 1	Applicant 2
Self-Employment: Last 2 years of Federal Tax Return (form 1040) with Schedule C	[]	[]
AND Most recent 3 months profit and loss statement	L J	L J
Real Estate/Rental Income: Income and expense report for last 3 months	[ ]	[ ]
Wages/Salary: Pay Stubs for the past 2 months	[ ]	[ ]
All Other Sources of Income: Award letter or current statement which includes	[]	[]
weekly, monthly, or annual income amount	LJ	LJ
ALL APPLICANTS: Last 2 years of Federal Tax Returns with W2 as available.	[ ]	[ ]
Asset Information	Applicant 1	Applicant 2
Saving/Checking Account: Statements for the most recent 3 months	[ ]	[ ]
CDs/Stock/Bonds/Retirement Account: Current statement noting value of account	[ ]	[ ]
Any lump sum payments from sale of property or insurance settlements	[ ]	[ ]
Long Term Debt Information	Applicant 1	Applicant 2
Credit Report* OR Current Statement of all applicable accounts	[ ]	[ ]
* Purchasers will have their Credit Report pulled by the Bank and/or the HUD Certified Housing Counselor so you do not no	eed to pull it for this	application.
Child Support/Spousal Support/Alimony: Letter or official documentation which	гэ	гэ
includes weekly, monthly, or annual obligation.	[]	[]
Housing Expenses (Current Homeowners Only)	Applicant 1	Applicant 2
Mortgage Payments: Current billing statement	[]	
Property/School Taxes: Tax bill receipt <u>OR</u> Escrow statement	[]	
Homeowner/Flood Insurance: Current billing statement <u>OR</u> Receipt of payment <u>OR</u>	гэ	
Escrow statement	[]	
If you have a loan modification agreement due to foreclosure, provide proof of 6	[]	
months of on-time payments in the modification agreement.		
Purchaser(s) Optional	Applicant 1	Applicant 2
Mortgage pre-approval letter or certificate from bank	[]	

<sup>\*</sup> PROVIDING A CREDIT REPORT: If you have a credit report that is less than 6 months old, you may attach that report rather than request a new one. Please be advised that every time you authorize a bank, credit card company or similar to access your credit report, you drive down your credit score, which can negatively impact your ability to get a loan/mortgage. However, federal legislation allows every individual to access their own credit report once a year without impacting their credit score. You can access your credit report free on-line at ANNUALCREDITREPORT.COM. You can either request a report from each of the three reporting agencies (Trans-Union, Experian, Equifax) once a year, or request a credit report from one of the three agencies every four months. For purposes of this application, we only need a report from one agency. In lieu of a credit report you may provide current statements for all open accounts.