

Dear Applicant:

Thank you for your interest in Southern Hills Preservation Corporation. Please complete the attached application and return it with the appropriate documentation listed as soon as possible. Specific programs may require additional information. See the list below for information to include. Please send *copies only*, do not send original documents.

If at any time you have a question, need to make copies or need assistance completing the application, please feel free to contact our office at 315-677-3863.

Sincerely,

Staff of Southern Hills Preservation Corporation

ALL APPLICANTS: PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION –

- Proof of income for **all household members:**
 - o Include copies of **pay stubs** for the most recent four week period
 - o Copies of last two year's **Federal Income Tax Returns including W2s**
 - o If on Social Security – Letter of Determination of Benefits for **the current year**
 - o Include proof of child support / alimony, if applicable
- Copy of most recent bank statement for all accounts
- Documentation of assets: statements for any pensions, annuities, bonds or investments (including 401k / 403b statements).
- Copy of Deed, including legal description of the property.
- Copies of paid receipts for School, County and Town property taxes. Include Village taxes, if applicable.
- Copy of Certificate of Insurance for Homeowners Insurance.
- Copy of Driver's License for applicant (and co-applicant if there is one)

SOUTHERN HILLS PRESERVATION CORPORATION
APPLICATION FOR ASSISTANCE

Date: _____

Applicant Name _____ SS# _____ DOB _____

Co-Applicant Name _____ SS# _____ DOB _____

Address _____

Previous address if less than 3 years at present address: _____

Home Telephone _____ Marital Status _____ US Citizen? Yes No (Circle one)

Names of Household Members Ages of Household Members Social Security #

Do you: Rent () or Own () your home? Amount of Monthly Rent / Mortgage Payment: \$ _____

Have you filed for bankruptcy in the last 7 years? YES NO (Circle one) Discharge Date: _____

Do you have any judgements or liens filed against you? YES NO (Circle one) If yes, please explain:

***For Renters Only**

Name of present landlord: _____

Address & phone # _____

Reason for move, if applicable: _____

How long at this address? _____

****For Home Owners Only**

Amount of Monthly Mortgage Payment \$ _____ Years of residence: _____

Property's Assessed Value: \$ _____ Are there any liens on the property? YES NO
(From Current Tax Bill) (Circle one)

If yes, please explain: _____

Section, Lot & Block No (from property tax bill): _____ / _____ / _____

Amt. of Annual Property & School Taxes \$ _____ Renewal Date of Property Insurance: _____

Name and address of Mortgage Holder: _____

Applicant: Name and Address of Employer: _____

Occupation: _____ Years Employed: _____ Work Telephone: _____

Previous Employer if less than 3 years in present position: _____

Co-Applicant: Name and Address of Employer: _____

Occupation: _____ Yrs. Employed: _____ Work Telephone: _____

Previous Employer if less than 3 years in present position: _____

Additional Sources of Household Income (Example: Social Security, Child Support, etc.):

Please describe the requested improvements / repairs: _____

Please describe any **emergency repairs** (if applicable) _____

How did you hear about our organization? _____

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 our services. You are not required to furnish this information, but are 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.

Applicant

Co-Applicant

Ethnicity: _____ Hispanic or Latino
_____ Not Hispanic or Latino

_____ Hispanic or Latino
_____ Not Hispanic or Latino

Race (Mark one or more)

_____ White
_____ Black or African American
_____ Asian
_____ Native American or
_____ Other Pacific Islander
_____ American Indian
_____ Alaskan Native

_____ White
_____ Black or African American
_____ Asian
_____ Native American or
_____ Other Pacific Islander
_____ American Indian
_____ Alaskan Native

Gender: _____ Male
_____ Female

_____ Male
_____ Female

I/we understand that this is an application, not a guarantee of funding under any of SHPC Programs and that I/we am not under any obligation to apply for such SHPC in-house services. Everything I/we have stated in this application is correct to the best of my/our knowledge. I/we understand that SHPC will retain this application whether or not it is approved. SHPC is authorized to check my/our employment history; to obtain credit reports concerning me/us in connection with my/our application and any updates and renewals that may occur; and to answer questions about SHPC's credit experience with me/us. If SHPC obtains credit reports regarding me/us, it will, upon my/our request, tell me/us the name and address of the credit reporting agency that furnished the reports.

I/we understand that in order for SHPC to assist me/us with specific housing and other related problem(s), the need of counseling will be required and I/we pledge full cooperation with the Counselor. I/we authorize the Counselor to act on my/our behalf in order to improve my/our housing situation and to obtain any necessary services. I/we further authorize the Counselor to obtain other information from outside sources when necessary and I/we agree to sign all requested third party verification forms in order to request such information. I/we also recognize the need of the Counselor to exchange information or pass on information to third parties who may need such information in order to provide services beneficial to my/our related problem(s).

Counselor Pledge

The Counselor pledges to preserve strict confidentiality concerning the Client, and will neither give nor seek information where others have a right to it. The Counselor will make no decisions and take no actions without the knowledge and consent of the Client. At all times the Counselor will act to protect and promote the best interests of the Client.

Date

Signature of Applicant

Date

Signature of Co-Applicant (if any)

HOUSEHOLD ASSETS AND DEBT STATEMENT

MONTHLY HOUSEHOLD INCOME:

(Please note - All household income must be included whether applying individually or jointly)

Applicant Wages: \$ _____ Co-applicant Wages: \$ _____

*Applicant Other Income: \$ _____ *Co-app. Other Income: \$ _____

TOTAL MONTHLY INCOME: \$ _____

*Including Social Security, SSI, SSD, Rental Income, Interest, Pension, Child Support, etc.

MONTHLY DEBT PAYMENTS:

Mortgage Payment: \$ _____ Other (Credit Cards; \$ _____

Car / Truck Payment: \$ _____ Medical; Installment Loans;
Personal Debts; Other Real
Estate; Delinquent Taxes; etc.)

Car / Truck Payment: \$ _____

Other Vehicles / Equip: \$ _____

TOTAL DEBTS: \$ _____

ASSETS:

Value of dwelling: \$ _____
(based on assessment or
recent appraisal)

Value other real estate: \$ _____ Other (bonds; investments; savings) \$ _____

TOTAL VALUE OF ASSETS: \$ _____

SHPC HOME IMPROVEMENT PROGRAM APPLICANTS ONLY

Please read before signing.

I/We _____ hereby state that I/we are the owner and occupant of the property to be repaired.

I/We understand that no work is to be started under the Home Improvement Program until I/we are given written authorization from the Southern Hills Preservation Corporation. I/We further acknowledge that the Home Improvement Program and the Southern Hills Preservation Corporation are in no way responsible for any debts resulting from work commenced prior to receiving this written authorization.

I/We understand that should I/we not continue to live in my/our home for * years after receiving assistance from the Southern Hills Preservation Corporation, that all of the assistance will be subject to repayment in full. I/We understand that I/we must sign a * year Note & Mortgage against our property before work can begin and funds are disbursed.

I/We understand that a building permit may be required from the local building code official before any work may commence. My/our signature below authorizes the local building official to have access to my/our property in the performance of his/her duties.

I/We agree that the Southern Hills Preservation Corporation may provide financial and/or household information about me/us to other funding sources only if those agencies or organizations are funding, or propose to fund, a part of the above mentioned repairs.

I/We understand that all applications will be received and processed by the Southern Hills Preservation Corporation staff. In the event of a disagreement between an applicant and the contractor hired for the job, a third party reviewer will be hired at Southern Hills Preservation Corporation's expense and at their sole discretion to mediate the disagreement and ensure the completion of the project in accordance with HIP rules and regulations. If the applicant and mediator cannot agree about the project's implementation, Southern Hills Preservation Corporation reserves the right to withdraw the application and terminate the relationship.

All information set forth in this application is declared to be a true representation of facts made for the purpose of obtaining a Home Improvement Program grant and I/we fully understand that any willful misrepresentation on this application could result in criminal action.

Date

Signature

Date

Signature

If you have any questions or need assistance, please call the Southern Hills Preservation Corporation at (315) 677-3863 and speak to Marvin Murray, Construction Director.

*Years vary based on funding source. Counselor will provide you with more specific guidelines upon determining Program eligibility.

