

Southern Hills Preservation Corporation
Home Improvement Program
Documentation Checklist

Please complete the application and return it with copies of the following:

Application & Disclosures

- Program Application (signed)
- Program Disclosure (signed)
- Privacy Policy (signed)

Required Documentation

Please note that documentation is required for the Applicant, Co-Applicant and **ALL** household members (as applicable).

Documentation of Identity

- Government Issued Photo ID (i.e. Driver's License, Passport or Non-Driver ID) for Applicant and Co-Applicant

Documentation of Income (for ALL household members)

- Federal income tax returns for the previous 2 years (3 years if self-employed) with W-2s and accompanying schedules.
- 4 most recent pay stubs (if paid weekly) **or** 2 most recent paystubs (if paid bi-weekly)
- Award Letter for current award of Social Security, Social Security Disability, Workers Compensation, Unemployment Insurance, etc.
- Documentation of any other income, such as Child Support, etc.

Documentation of Assets (for ALL household members)

- Two (2) most recent bank statements for checking accounts.
- Two (2) most recent bank statements for savings accounts.
- Most recent statement for pension, retirement accounts (401K, etc.), annuities, or investments.
- Documentation of any additional real estate owned.

Documentation of Property

- Copy of deed, including legal description of property
- Copy of most recent mortgage statement showing balance due, escrow amount (if applicable).
- Copy of paid receipts for all property taxes
- Proof of current Homeowner's Insurance (declaration page)

Other Documentation (as applicable)

- Bankruptcy filing documents (with Schedule F) that are court stamped.
- Any other written statements or documents that will help us understand your personal situation.
- Power of Attorney, if applicable.

Important Note

We cannot accept faxed or emailed applications. Please submit an original signed application and disclosures, as well as copies of your documentation.

Home Improvement Program Application

APPLICANT		CO-APPLICANT	
Name		Name	
Date of Birth	Social Security #	Date of Birth	Social Security #
Address (Street)		Address (Street)	
Address (City) (State) (Zip)		Address (City) (State) (Zip)	
Mailing Address (if different)		Mailing Address (if different)	
# people in household?	# years at this address?	# people in household?	# years at this address?
Home Phone	Cell Phone	Home Phone	Cell Phone
Email:		Email:	
What is the best way to reach you during the day?		What is the best way to reach you during the day?	
<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email		<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	

EMPLOYMENT INFORMATION			
APPLICANT		CO-APPLICANT	
Employer Name & Address <input type="checkbox"/> Self Employed		Employer Name & Address <input type="checkbox"/> Self Employed	
Position		Position	
Work Phone	Date of Hire	Work Phone	Date of Hire

INCOME INFORMATION			
APPLICANT		CO-APPLICANT	
Category	Monthly Amount	Category	Monthly Amount
Employment	\$	Employment	\$
Social Security	\$	Social Security	\$
Social Security Disability / SSI	\$	Social Security Disability / SSI	\$
Pension / Retirement	\$	Pension / Retirement	\$
Child Support	\$	Child Support	\$
Other (list):	\$	Other (list):	\$
Other (list):	\$	Other (list):	\$

Please list ALL persons currently living in your household (Including applicant & co-applicant)

HOUSEHOLD INFORMATION			
Name	Birth Date	Monthly Income (if any)	Source(s) of Income
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Please list all assets, including checking and savings accounts, retirement plans, etc.

ASSETS		
Account Name	Type of Account (checking, savings, 401K, etc.)	Balance
		\$
		\$
		\$
		\$
		\$
		\$

Please list all Mortgage(s) on the property, including second mortgages, equity loans, or other liens.

PROPERTY INFORMATION				
Property Address:				
Lender / Lien Holder Name	Type of Loan / Lien	Date Lien Placed on Property	Outstanding Balance	Monthly Payment
			\$	\$
			\$	\$
			\$	\$
Briefly describe the work you would like done on the house:				

ADDITIONAL REAL ESTATE OWNED

Do you own any additional real estate property?

No Yes (if yes, please provide information below)

Property Address:	Owner Name(s):	Market Value:	Purchase Date:
Property Address:	Owner Name(s):	Market Value:	Purchase Date:

CERTIFICATIONS

If you answer "YES" to questions that require an explanation, please use the back of this sheet for explanation.	Applicant		Co-Applicant	
	Yes	No	Yes	No
Are you a US Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any outstanding judgments? <i>If yes, Date Discharged:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last seven years, have you been declared bankrupt? If yes check one: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 <i>Date Discharged:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last seven years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Party in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you obligated to pay alimony, child support or separate maintenance? <i>If yes, list amount:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive alimony, child support or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have past-due obligations owed to or insured by an agency of the federal government?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Social Security and/or disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you Active Military?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE SECTION

I certify that all the information provided in this application is correct and factual to the best of my knowledge, that no information has been withheld, and that this application contains no willful misrepresentations. I understand that any willful misstatement of material fact may be grounds for disqualification from the program. I further understand that any intentional or negligent misrepresentation(s) of the information contained in this application may also result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I understand that disclosure of information requested is voluntary. However, failure to disclose certain information may result in a delay or disqualification of my (our) application.

I authorize Southern Hills Preservation Corporation to obtain income and asset verification from all household income sources. I understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act. I acknowledge that I have read and received a copy of Southern Hills Preservation Corporation’s Privacy Policy.

I understand that a lien will be placed against my property for the total amount of program funds received, plus fees if applicable. I further understand that program funds may also have certain restrictions, guidelines and standards. I understand that if I refuse to accept and/or follow said restrictions, guidelines and standards my application may be denied and no funds issued.

I have read and understand all the information contained in this program application:

Applicant Signature	Date	Co-Applicant Signature	Date
X		X	

ACKNOWLEDGEMENT OF NOTE & MORTGAGE LIEN

My signature below acknowledges that I am aware of and understand that Home Improvement Program funds are in the form of a “forgivable” loan that is secured with a Note & Mortgage on my property. I further understand that said loan is forgiven over time as long as I maintain the home as my primary residence and do not sell or rent the property. I **understand and acknowledge that should I move or sell the property prior to the end of the loan term, the remaining balance will become due and payable.**

Applicant Signature	Date	Co-Applicant Signature	Date
X		X	

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of programs related to a dwelling in order to monitor 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 Southern Hills Preservation Corporation 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, Southern Hills Preservation Corporation 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.

Applicant:	Co-Applicant:
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female



Program Disclosure Form

About Us and Program Purpose: Southern Hills Preservation Corporation (SHPC) is a private nonprofit, HUD-approved counseling agency. It was established in 1986 to ensure safe, decent and affordable housing in the rural communities of southern Onondaga County. We serve all clients regardless of race, color, religion/creed, sex, national origin, age, family status, disability, sexual orientation/gender identity, or income (although some of our grant programs have income eligibility limits). We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Agency Conduct: No SHPC employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering program operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise SHPC'S compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: SHPC has professional affiliations with HUD, USDA Rural Development, New York State, and Onondaga County. As a program participant, you are not obligated to use products and services of SHPC or our affiliates.

Referrals and Community Resources: You may be provided a community resource list that outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list may also identify alternative agencies that provide services, programs, or products identical to those offered by SHPC and its affiliates. As a program participant, you are not obligated to use products or services from resources provided on the list.

Privacy Policy: I acknowledge that I received a copy of SHPC'S Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I agree SHPC, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in SHPC counseling or programs; and I hereby release and waive all claims of action against SHPC. I have read this document, understand it, have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, SHPC may contact you during or after the completion of program services. You may be requested to complete a survey asking you to evaluate your experience. Your survey data may be confidentially shared with SHPC grantors such as HUD.

I acknowledge that I received, reviewed, and agree to SHPC'S Program Disclosures.

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date



Home Improvement Program Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our programs, please let us know and we will arrange alternative accommodations.

Southern Hills Preservation Corporation (SHPC) is committed to ensuring the privacy of individuals who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number, or demographic data such as your race and ethnicity
- Personal financial information such as income, financial assets, bank account information and financial debts

What nonpublic, personal information does SHPC collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates/program partners or others
- Credit Report, if applicable

How is your nonpublic, personal information secured?

We protect personal information with safeguards appropriate to the sensitivity of the information. Our methods of protection include physical measures (for example, locked filing cabinets and restricted access to offices), organizational measures (for example, limiting access to only SHPC employees who need to know that information to perform program duties), and technology measures (for example, the use of passwords and encryption).

What categories of information do we disclose and to whom?

We do not sell or rent your personal information to outside entities.

We may share personal information with our affiliates and program partners (such as other nonprofit agencies) when necessary to assist in providing services to you. We may also share information with Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes.

We do not share personal information with unaffiliated third parties without your express consent, except as permitted or required by law.

The types of information we may disclose are as follows:

- Information you provide on applications/forms or other forms of communication (such as income, family size, assets, liabilities, etc.)
- Information about your transactions with us, our affiliates, or program partners

We may also share anonymous, aggregated case file information, but this information may not be disclosed in a manner that would personally identify you. This is done to evaluate our program, gather research information, and/or design future programs.

I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

