

ERIE COUNTY – HOMEOWNERS REVOLVING LOAN FUND PROGRAM



The Erie County Revolving Loan Fund Program is for low-income homeowners in Erie County for **HEALTH AND SAFETY REPAIRS**. Loans of up to \$25,000 are available at a 3.5% simple interest rate. If you have a repair or improvement that is not on this list, Home HeadQuarters may still be able to help you! We will always work to place you in the best possible program available to you.

WHAT IS YOUR EMERGENCY REPAIR?

Furnace Hot Water Heater Leaking Roof Sewage Back-up Lead Paint Hazards Other

If "other" (please explain): _____

CUSTOMER INFORMATION

Borrower Name:	Co-Borrower Name:
Social Security Number:	Social Security Number:
Date of Birth: Over 60 years of age? <input type="checkbox"/>	Date of Birth: Over 60 years of age? <input type="checkbox"/>
Address (Street):	Address (Street):
(City, Zip):	(City, Zip):
<i>Please circle preferred method of communication below</i>	<i>Please circle preferred method of communication below</i>
Home Phone: Cell Phone:	Home Phone: Cell Phone:
Email:	Email:
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION

Name of Employer:	Name of Employer:
No. of Years Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Years Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Address (Street):	Employer Address (Street):
(City, Zip):	(City, Zip):
Position:	Position:
Annual Income:	Annual Income:

HOUSEHOLD INFORMATION ***Please Note: You must be income-eligible to receive financing.**

Please list ALL persons currently living in your household. (Attach separate sheet of paper if needed)
Estimate annual income if necessary. Please indicate if any household members are full-time students.

Name	Date of Birth	Annual Income	Source of Income

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PROPERTY INFORMATION *Please Note: The home improved must be your primary residence		
Is the property you are renovating your Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No		# of Units
Property Deed / Title in the name of:		Are your property taxes escrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list institutions or persons and mailing addresses of those who hold a mortgage on the property.		
Name	Address	Balance

RENTAL PROPERTY INFORMATION		
Do you receive rental income? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, monthly amount:
Address of rental property (Street, City, Zip) :		
Are there any tenants under the age of six? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list institutions or persons and mailing addresses of those who hold a mortgage on the property.		
Name	Address	Balance

INFORMATION FOR GOVERNMENT MONITORING PURPOSES	
<p>The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's 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 a Lender 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, this lender 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. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)</p>	
BORROWER: <input type="checkbox"/> I do not wish to furnish this information	BORROWER: <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, Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other	Race: <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

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SIGNATURES

I/We have applied for the loan on this application, which may be secured by a mortgage or deed of trust on the property described herein, and represent that I/We intend to occupy the property as my/our primary residence and that the property will not be used for any illegal or restricted purposes. I/We attest that all statements made in this application are true and are made for the purpose of obtaining the loan. I/We also authorize Home HeadQuarters, Inc. to obtain a Credit Bureau Report.

I/We authorize Home HeadQuarters to verify any information contained in this application with other parties to share information I/We have provided on this application and any other information relevant to my/our home improvement service with any of the Program partners, as applicable.

I/We understand that it may be a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 101, et seq.

Home HeadQuarters, Inc., its agents and/or assignees, reserves the right to inspect any and all work associated with a any HHQ financial product or service.

This application in no way guarantees or implies funding and/or service through Home HeadQuarters, Inc. its agents and/or assignees.

Signature of Borrower:	Date:
Signature of Co-Borrower:	Date:

REQUIRED SUPPORTING DOCUMENTS

- Proof of income for all members who reside in the household (e.g., 3 recent pay stubs; benefit letter for SSI, Social Security, pension, unemployment, disability, etc.). If a household member does not have any income, including workers compensation, unemployment, etc., please submit a signed and dated written statement from that person attesting that they do not have any income. If a household member is a full-time student over the age of 18, please provide a current semester course schedule showing name and number of credits being taken.
- Copy of Federal Tax Returns from the last 2 years. If you do not file Federal Tax Returns, please submit a signed and dated written statement attesting that you do not file.
- Bank Statements from the last 3 months Copy of picture I.D. (e.g., driver's license)
- Copy of the recorded deed to your home with legal description attached (Schedule A)
- Copy of declarations page of your homeowner's insurance policy stating current policy period, amount of coverage & listing of all mortgages against the property
- We strongly encourage you to get an estimate from a contractor prior to submitting your application. Please submit it with your application if you have it.
- *Please Note:** Your mortgage, taxes and water bills must be current to participate in this program.
- *Please Note:** We may ask for additional documents in order to qualify you for special programs, if applicable.

Program made possible with support from:

