

**SPECIAL NOTE: Any unanswered questions or lack of attachments will result in the postponement or the return of your application.**

**GENERAL INFORMATION**

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Actual Address (if different) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Telephone Number (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

6. Second Contact: Preferably a relative, friend or neighbor who has a separate phone number. Please let this person know you have submitted his or her name.

\_\_\_\_\_  
 Print Name Phone Number (with Area Code) Relationship

7. List below **ALL** household members **including yourself** (Use additional sheet if necessary.)

Name	Relationship	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please note that your eligibility for the housing rehabilitation programs is based on:**

1. **All household members income (including all non-taxable income.)**
2. **Condition of property**
3. **Grant funding available**
4. **Accessibility needs**

**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



**EMPLOYMENT / INCOME**

**(List All Income for Everyone Living in the Home. Use Additional Sheet(s) if Necessary)**

A) Employed Applicant(s)

1. Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_

2. Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Annual Income \_\_\_\_\_ Hourly Rate \_\_\_\_\_

	<u>Rec'd</u>	<u>Name</u>	<u>Amount \$</u>
B) Unemployment:	weekly	_____	_____
C) Retirement:	monthly	_____	_____
D) Social Security:	monthly	_____	_____
E) S.S.I.:	monthly	_____	_____
F) Child Support:	monthly	_____	_____
G) Alimony:	monthly	_____	_____
H) Public Assist:	monthly	_____	_____
I) Other Income (specify):		_____	_____

**ASSETS FOR EVERYONE LIVING IN THE HOME**

**Assets include, but are not limited to:**

- |   |                             |                                 |
|---|-----------------------------|---------------------------------|
| CD's  | savings accounts            | cash in checking accounts       |
| stocks, bonds   | treasurer bill              | money market account            |
| retirements & Keogh accounts  | retirements & pension funds | antique cars                    |
| second and other vehicles   | collections                 | motor cycles                    |
| camper  | RVs                         | 4-wheeler                       |
| personal property held as an investment                             | personal investments        | life insurances with cash value |
| rental or vacation properties (includes vacant properties, or land) |                             |                                 |

Name of Family Member	Asset Description	Current Cash Value	Income From Asset
Total Actual Asset Income			

## MONTHLY EXPENSE REPORT

Please complete and attach copies of receipts or bills for items requiring monthly payments.

	WEEKLY	MONTHLY
Mortgage payment	\$	\$
Electric		
Heat (fuel, oil, gas, wood, etc.)		
Telephone		
Groceries		
Insurances <u>Auto</u> _____ <u>Life</u> _____ <u>Hospital</u> _____ <u>Homeowners</u> _____		
Taxes: <u>City/Town &amp; County</u> <u>School</u>		
Cable TV		
Appliance Payments (TV, Stove Refig., etc) Name of company paid to:		
Furniture Payments Name of Company		
Transportation <u>Car/Gas</u> _____ <u>Taxi</u> _____ <u>Bus</u> _____		
Laundromat		
Credit Card Payment(s)		
Credit Card Payment(s)		
Credit Card Payment(s)		
Credit Card Payment(s)		
Medical (prescriptions, Doctors, etc.)		
Recreation		
Other (please specify)		
<b>TOTAL EXPENSES</b>	\$	\$

### MILITARY STATUS of Anyone in the Household

Active Military - YES \_\_\_\_\_

National Guard - YES \_\_\_\_\_

Reserve Duty - YES \_\_\_\_\_

Veteran Status \_\_\_\_\_

Did any Veteran in the Household incur a disability in time of war? YES \_\_\_\_\_

**Please answer the following:**

- 1. Do you have children ages 6 or under living in your home? YES \_\_\_ NO \_\_\_
- 2. Have the children been tested for lead? YES \_\_\_ NO \_\_\_  
(All children ages 6 & under must have lead testing and results submitted to Sheen Housing)
- 3. Any members of the household disabled/handicapped? YES \_\_\_ NO \_\_\_
- 4. Is your house located in an **HISTORIC DISTRICT**? YES \_\_\_ NO \_\_\_
- 5. Head of household? M \_\_\_ F \_\_\_
- 6. Have you ever been assisted by Sheen Housing? YES \_\_\_ NO \_\_\_  
If so, Date: \_\_\_\_\_ Amount Received: \_\_\_\_\_  
Work Done: \_\_\_\_\_

- 7. Have you had grant assistance from other agencies for purchase or repair? YES \_\_\_ NO \_\_\_  
If you have, please give date assisted and organization:

Date	Organization
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- 8. Have you had weatherization in the past 10 years? YES \_\_\_ NO \_\_\_  
If yes, date of assistance: \_\_\_\_\_

9. Year house was built? \_\_\_\_\_ (Mobile Home Only) Year \_\_\_\_\_ Size \_\_\_\_\_

10. How long have you owned your home? \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

11. Do you own property other than the property you are living in (vacation, rental, vacant land, etc.)?  
Yes \_\_\_ No \_\_\_ Type of Property \_\_\_\_\_

12. Are your property taxes paid in full? (Town, County, Village, School) YES \_\_\_ NO \_\_\_  
If no, how much do you owe? \$ \_\_\_\_\_

13. Have you filed for bankruptcy (personal or business)? in the past 7 years or have a pending bankruptcy? YES \_\_\_ NO \_\_\_  
If so, Date: \_\_\_\_\_

14. I/We have a relationship or association with The County, Town or Sheen Housing. YES \_\_\_ NO \_\_\_

If yes: \_\_\_\_\_

Name	Relationship
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15. Who referred you to Sheen Housing? \_\_\_\_\_

16. Number of smoke detectors in your home: \_\_\_\_\_

17. Number of carbon monoxide detectors in your home: \_\_\_\_\_

18. Do you currently have health insurance? Yes \_\_\_ No \_\_\_

19. Are you on Medicaid? Yes \_\_\_ No \_\_\_

**If yes, please send current Medicaid proof with this Application.**



**A complete application includes, but is not limited to the following:**

- 1. Copy of your deed (showing a land description, filing date, liber and page number).
- 2. Income verification:
  - o Social Security/SSI/Unemployment – Benefit Change Letter or call **1-800-772-1213** to request print out. (Bank statements cannot be accepted as verification.)
  - o Pension/Retirement-current letter or printout from company. (Bank statements cannot be accepted as verification.)
  - o Filed income Tax Return- last years filed income tax return for everyone living in the home and the W-2 Forms from all employers.

**If you do not file income tax**, please check the box below and initial.  
[    ] **I do not file yearly income tax returns:** \_\_\_\_\_  
**(must be initialed)**

  - o Last eight (8) current pay stubs from all employed adults (18 years of age or over) living in the home.
  - o Self-Employment- last 2 years filed income tax returns & Schedule C.
  - o Alimony/Child Support-court papers or support collection printout.
- 3. A copy of the Birth Certificate or Social Security Card or Green Card for all household members.
- 4. A copy of your driver's license
- 5. Copy of school, county, village and town tax statements showing payments are current
- 6. Homeowner's insurance Declaration page showing effective dates
- 7. Six months of **complete** current bank statement(s) (checking and savings) or six months of print-outs from your bank(s).
- 8. Copy of current mortgage statement.
- 9. Asset verification. Submit verification for all assets.
- 10. Copies of utility and all monthly bills.
- 11. Mobile Home Owners living in parks: submit copy of bill of sale or copy of the title for mobile home, as well as the Property Tax Map ID# and SWIS code numbers. (Park manager or property owner can assist.)
- 12. **Accessibility repair requests require a referral from your Doctor or Healthcare Provider**

Please list the most critical repair and accessibility needs:

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**ELIGIBILITY RELEASE FORM**

# Sheen Housing

PO Box 460  
Bloomfield, NY 14469  
585-657-4114

**Purpose:** Your signature on this Form, and signatures of each member of the household 18 years of age or older, authorizes Sheen Housing to obtain information from a third party regarding your eligibility.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) requires this information to determine program eligibility and the amount of funding assistance necessary. The information is used to establish eligibility; to protect the Government's financial interest; and to verify accuracy of the information provided. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility. HUD is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign an Eligibility Release Form.

<b>Verification Required for:</b>	<b>Homeowner's Initials</b>
Income (All Sources)	
Assets (All Sources)	

**Information Covered:** Inquiries may be made about items initialed by applicant.

**Authorization:** I authorize Sheen Housing to obtain information about me and my household that is pertinent to eligibility in the Home Repair Program.

**Signatures:**

<b>Head of Household – Family Member HEAD:</b>	
_____	
<b>(Signature)</b>	
_____	_____
<b>(Printed Name)</b>	<b>(Date)</b>

<b>Other Adult Member of the Household – Family Member #2</b>	
_____	
<b>(Signature)</b>	
_____	_____
<b>(Printed Name)</b>	<b>(Date)</b>

<b>Other Adult Member of the Household – Family Member #3</b>	
_____	
<b>(Signature)</b>	
_____	_____
<b>(Printed Name)</b>	<b>(Date)</b>

<b>Other Adult Member of the Household – Family Member #4</b>	
_____	
<b>(Signature)</b>	
_____	_____
<b>(Printed Name)</b>	<b>(Date)</b>

# CLIENT DISCLOSURE

Bishop Sheen Ecumenical Housing Foundation, Inc, (Sheen Housing) provides Housing Counseling Assistance free of charge and is informing you, our client, that you are free to choose lenders, lending products, homes, realtors, attorneys an any other party directly or indirectly connected with your housing concern regardless of the recommendations made by Sheen Housing's Counselors. Clients are not obligated to seek assistance from partnerships that have been established. While Sheen Housing strives to stay informed of the best available products and services, other unknown lending products and forms of assistance may be available elsewhere. Clients are under no obligation to utilize any of these services, but are free to make their own choices in all aspects of housing counseling.

Sheen Housing may help analyze clients' financial and/or credit situation, identify barriers to affordable housing, and develop a plan to remove barriers. The counselor may also provide assistance in debt management by helping clients prepare a monthly, manageable budget and spending plan. I will not be the responsibility of the counselor to "fix" the problem, but rather to provide guidance and education which may enable clients to resolve their personal financial challenges

In providing Housing Counseling services, housing counselors may present to their clients several options n pursuing housing, which may include recommendations for some of Sheen Housing's other various programs. The housing counselor will recommend only services that are in the client's best interest.

Sheen Housing provides the following services:

Home Repair Programs including:

HOME Programs

RESTORE Programs

Access to Home Programs

Rural Development Programs

United Way Programs

Housing Counseling Programs including:

US Dept. Of HUD

Sheen Housing receives funding for housing counseling services through:

US Dept. of HUD

NYS Housing Finance Agency

Tompkins Bank of Castile

M & T Bank

First Niagara Financial Group

Various other sources

As the client, you have the right to choose the product or service that you feel is right for you regardless of any recommendation made by the counselor. Your decision to utilize or not utilize certain programs and products will not affect your housing counseling service.

I, the undersigned, have been given a copy of this disclosure and understand Sheen Housing's policy regarding conflict of interest as stated above.

Signature of Applicant(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date