

A Complete Eligibility Intake Packet includes the following:

- 1) *Completed Eligibility Intake Form (enclosed)*
- 2) *A copy of your most recent tax bill*
- 3) *A copy of your most recent mortgage statement (if applicable)*
- 4) *Copies of bank statements for all savings and checking accounts owned by applicant and co-applicant for the last 2 months*
- 5) *Copies of last 2 years of tax returns. Please include W2's and, if applicable, 1099's.*
- 6) *Proof of all household income for the last 2 months. This should include paystubs for the last 2 months and award letters for any benefits received (ie: Social Security, SSDI, SSI or Reach Up Income)*
- 7) *Proof of homeowner's insurance.*



Windham & Windsor Housing Trust

Eligibility Intake Form

The information on this form will be used to make an initial assessment of your eligibility for the Rehab Loan Fund Program, and is **NOT** an application for a loan.

Where/how did you hear of our program? _____ Client _____ / _____ / _____
(Office Use Only)

A. Personal Information

Applicant: _____ Date of Birth: ____ / ____ / ____
(First Name) (MI) (Last Name)

Social Security #: _____ - _____ - _____ Marital Status: _____
 U.S. Citizen or Permanent Resident Alien

Co-Applicant: _____ Date of Birth: ____ / ____ / ____
(First Name) (MI) (Last Name)

Social Security #: _____ - _____ - _____ Marital Status: _____
 U.S. Citizen or Permanent Resident Alien

Property Address: _____ Zip Code: _____
Mailing address if different: _____ Zip Code: _____

Home phone: _____ - _____ Work phone (applicant): (_____) _____ - _____
Cell phone: (_____) _____ - _____ Work ph.(co-applicant): (_____) _____ - _____

Number of children (dependents): _____ Ages: _____

Is anyone else living in the household? _____ If so please explain: _____

B. Employment Information*

Applicant Information:

Employer: _____ Address: _____

Position: _____ Length of Employment: _____

Monthly gross income (do not include overtime): _____ Annual gross income: _____



Co-Applicant Information:

Employer: _____ Address: _____

Position: _____ Length of Employment: _____

Monthly gross income (do not include overtime): _____ Annual gross income: _____

C. Housing Information

Title to property in name(s) of: _____

Does anyone else have an ownership interest in the property such as life estate, homestead rights, etc*.? _____

If yes, please indicate their name(s) and ownership interest: _____

*Vermont law recognizes a homestead right in the spouse or civil union partner of the legal owner of real estate when it is used or kept as their primary residence, even if the spouse or civil union partner is not a Title Owner to that property. This homestead interest prevents creditors from attaching the entire interest in the property without consent of all parties who have an ownership interest in the property; for this reason we will require all parties with a homestead right to sign the mortgage deed to insure that our lien is fully enforceable.

Purchase price: _____ Year of purchase: _____ Current market value: _____

Current balance: _____ FHA VA RD VHFA

Current interest rate: _____ Term: _____ Refinanced? _____

Monthly payment: _____ Mortgage holder: _____

Second Mortgage – Original amount: _____ Balance: _____ Line of Credit? _____ Interest rate: _____

Monthly payment: _____ 2nd Mortgage holder: _____

Homeowner's Insurance Carrier: _____ Policy # _____

Agent: _____ Address: _____

Phone #: (_____) _____ - _____ Limits of coverage: _____

*You are required to maintain Homeowners' Insurance on your property. You will also be required to maintain Flood Insurance **if** your property is determined to be in a flood hazard area. Insurance is required for the life of the loan.

D. Income Sources – Please fill in one category (monthly or yearly) with the total gross income from each source that applies (gross income means income before taxes); for items 3 – 11, please indicate the payee:

A – Applicant, C – Co-Applicant or Other

	Monthly	Yearly	A	C	Other
1. Applicants' base pay from wages, salaries, tips, commissions, bonuses	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Co-Applicants' base pay from wages, salaries, tips, commissions, bonuses	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

~continued on next page~

3. Other earnings (include self employment or overtime) _____
4. Social Security, pension, other retirement* _____
 (check as applicable, if more than one explain below or use a separate sheet if necessary)
5. Gross income from home you occupy (rental)* _____
6. Gross income from other real estate owned* _____
7. Child support* _____
8. Unemployment compensation* _____
9. Interest and/or dividend income* _____
10. Veterans Benefits* _____
11. Other income (do not include food stamps)* _____
- *Please include any Section 8 income**

Income description: _____

Total household income (add 1-11) _____

*Any other source(s) of household income? _____ If yes, please explain: _____

I. Liabilities/Debt (banks, credit cards, stores, finance companies, etc.) Use separate sheet if needed.

Name	Acct. Number	Original Amount	Monthly Payment	Balance	A = Applicant C = Co-Applicant B = Both

J. Housing Expenses

- | | Monthly Amount |
|---------------------------------------------------|----------------|
| 1. Mortgage payment | _____ |
| 2. Ground lease (if any) | _____ |
| 3. Homeowners insurance | _____ |
| 4. Real property taxes, special assessments | _____ |
| Total monthly housing expenses (add 1 - 4) | _____ |

K. Government Monitoring Information

The following information is requested by the federal Government in order to monitor the Lender's compliance with equal credit opportunity, fair housing and mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether or not you choose to provide it. However, if you choose not to provide it, under Federal regulations this Lender is required to note race and gender on the basis of visual observation or surname.

Customer:

- Handicapped /Disabled
- Veteran
- Foreign Born

Co-Customer:

- Handicapped/Disabled
- Veteran
- Foreign Born

Marital Status:

- Married Single Divorced
- Widowed Separated Civil Union

Marital Status:

- Married Single Divorced
- Widowed Separated Civil Union

Gender:

- Female Head of Household
- Female
- Male Head of Household
- Male

Gender:

- Female Head of Household
- Female
- Male Head of Household
- Male

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- Asian and White
- Black African American and White
- American Indian/Alaskan Native and Black African American
- Other Multi-Racial _____

Race:

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- Asian and White
- Black African American and White
- American Indian/Alaskan Native and Black African American
- Other Multi-Racial _____

I do not wish to provide this information

I do not wish to provide this information

Household Type:

- Two or more unrelated adults Single Adult Married with children Married without children

Education:

- No High School Diploma High School diploma or equivalent Two Year College Degree
- Bachelors Degree Masters Degree Above Masters Degree

Affirmation and Signature(s)

I/we affirm that all of the answers given in this application are correct. I/we understand that the information in this application will be held in confidence and used solely for the purpose of this program.

Applicant Signature

Date

Co-Applicant Signature

Date

Windham & Windsor Housing Trust
NeighborWorks® Homeownership Center

AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

Name(s) of Person(s) applying for technical or financial assistance:

_____ Social Security Number: _____

_____ Social Security Number: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

My signature below authorizes the release of financial information to the WWHT's Rehab Loan fund, any credit reporting agency or any mortgage lender which I have supplied in connection with obtaining a mortgage loan. It also authorizes the WWHT to share information with VCIL, USDA, SEVCA, and the loan review committee for the purpose of evaluating the rehab loan application submitted to our program. This information includes, but is not limited to: income verification of all family members, credit report, debts, or information on the property verifying that you are the owner of record, verification that your mortgage and taxes are current, verification that you have homeowners insurance in force. Authorization is further granted to use a photostatic reproduction of this form if required to obtain any information necessary to complete my loan file.

As a applicant for a loan from the Rehab Loan Fund, I understand that, should I have difficulty in paying my mortgage, I have the option of contacting the HomeOwnership Center for assistance in working with my lender to prevent the loss of my home. I am also aware that if I fail to make my monthly mortgage payment within 16 days of the payment due date, the servicer of my mortgage loan may refer me to the WWHT HomeOwnership Center for help.

I hereby authorize the loan servicer(s) or assigned attorney to release certain information related to the servicer's own credit experience with me to the WWHT.

BORROWER SIGNATURE _____ **DATE** _____
PLEASE PRINT NAME _____

BORROWER SIGNATURE _____ **DATE** _____
PLEASE PRINT NAME _____



**Windham & Windsor Housing Trust (WWHT)
Rehab Loan Fund (RLF)
Housing Conditions Form**

Applicant: _____ **Co-Applicant:** _____

The purpose of this form is to gather information about your house and the items that you believe require work. Please be aware that the Southeastern Vermont Rehab Loan Fund is funded with public funds and we are required to meet the following government regulations:

- 1) Housing Quality Standards established by the U.S. Department of Housing and Urban Development (HUD);
- 2) Local Health and Safety Codes, as required by the local planning and zoning office; and
- 3) If your house is on or eligible for the State and/or National Register of Historic Places, all rehabilitation must comply with the Secretary of the Interior's Standards for Rehabilitation.

In addition, our program policies require that we follow these procedures:

- 1) If there are children under six (6) or pregnant women living in the home, a lead-based paint test will be conducted. If lead-based paint is present, all rehab work will be conducted in a lead-safe manner and lead abatement activities may be included in the scope of work. The hazard will be defined by the children's blood-lead levels, as defined by the Vermont State Department of Health;
- 2) An energy audit will be strongly recommended unless the scope of work does not involve the interior living space;
- 3) A priority repair system will be used to address the most serious problems (mechanical and structural systems) before including less severe conditions in the scope of work.

I. Property Information

Single family house Mobile home, on: owned land or leased land
 Duplex Other _____ Year constructed: _____

Structure type: wood frame brick stone other _____
Number of stories: _____ septic system well public water/sewer

Has the property been weatherized by the Weatherization Program? _____ If yes, Year? _____

Property Address: _____ Grand list value \$ _____

Directions to your home: _____

(please continue on other side, if necessary).

Are Real Estate taxes current (including water and sewer taxes, if applicable)? _____ If no, please explain _____

Real Estate taxes are paid which town _____

II. Housing Conditions

Please describe the reason(s) why you are applying for this program. Include all *essential* (non-cosmetic) repairs that you believe to be made to your home. If you have an over-crowding situation, please describe.

I/we authorize the Rehab Loan Fund (RLF) / Windham & Windsor Housing Trust Rehab Specialist(s) to perform any/all necessary inspection(s) required to prepare the scope of work recommendation estimate(s) associated with this application, to determine the loan amount I may be eligible to apply for.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

The Rehab Loan Fund is an Equal Housing Lender program. Discrimination is prohibited by Federal Law.

68 Birge Street, Brattleboro, VT 05301
Ph/TTY: 802 246 2116 Fax: 802 254 4656 www.w-wht.org
NMLS# 187229





Housing Counseling Disclosure Agreement

Counseling Agreement

1. I understand that the Windham & Windsor Housing Trust provides various types of housing counseling as outlined in the attached agency brochure. I voluntarily seek such counseling, after which I will receive recommendations for handling my housing needs, possibly including referrals to other agencies, as appropriate.
2. I understand that the Windham & Windsor Housing Trust receives funds from various sources and as a result of the requirements of such funding sources Windham & Windsor Housing Trust may be required to share some of my personal information with these sources as part of program monitoring, compliance and evaluation. I authorize the sharing by Windham & Windsor Housing Trust of such information with its funding sources.
3. I further give permission for the Windham & Windsor Housing Trust and/or their agents to follow-up with me for purposes of program evaluation, and to share with other representatives of Windham & Windsor Housing Trust, and with outside agencies or entities, information obtained during these discussions if required or necessary.
4. I may be referred to other services or agencies, as appropriate, as they may be able to assist me with issues that have been identified. I understand that I am not obligated to use any of the services or agencies that have been or may be offered

to me.

5. Counselors may answer questions and provide information but will not give legal advice. If I want legal advice I understand I must work with an attorney or other individual qualified to provide legal advice.
6. I understand that the Windham & Windsor Housing Trust and its agents provide information and education on various loan products, housing programs or other issues and I further understand that the counseling I receive in no way obligates me to choose any of the particular products, housing products or any recommendation whatsoever. Windham & Windsor Housing Trust has no financial relationship with the industry partners.
7. I understand that Windham & Windsor Housing Trust and its counselors are providing information only, and that I may use such information in whatever manner I choose and that Windham & Windsor Housing Trust and its counselors are NOT acting in a fiduciary capacity and that any actions or choices I make are mine, and mine alone.

Client _____

Client _____

Date _____

Date _____



WINDHAM & WINDSOR HOUSING TRUST PRIVACY POLICY AND PRACTICES

Windham & Windsor Housing Trust values your trust. Protecting your confidential information is important to us.

This notice describes our policy regarding the collection and disclosure of personal information.

Windham & Windsor Housing Trust does not sell or share any personal information with commercial companies for the purpose of marketing their products to you.

What Information We Collect

Personal information means information that identifies an individual and is not otherwise publicly available information. This includes personal financial information, such as credit history, income, employment history, financial assets, bank account information, financial debts, Social Security Number, and other information you provide on a Personal Profile or loan application.

We collect the personal information in order to provide financial fitness, counseling, counseling to prepare you for applying for a home mortgage from a conventional lender, counseling to prevent foreclosure, and our own lending for down payment, closing costs, home rehab, or other purposes related to home purchase or foreclosure prevention.

Restrictions on Disclosure of Personal Information

In general, Windham & Windsor Housing Trust discloses personal information only when necessary to provide services to you, or when allowed by law.

We may disclose the following kinds of personal information about you:

- ❖ Information we receive from you on applications for a loan or other product or service, such as name, address, telephone number, social security number, assets and income;
- ❖ Information about your transactions with us, such as your loan balance, payment history and parties to your transactions; and
- ❖ Information we receive from third parties such as credit bureaus, including information about your credit worthiness and your credit history

We may disclose your personal information to the following types of unaffiliated third parties:

- ❖ Financial service providers, such as companies engaged in providing home mortgages, reverse mortgages, or home equity loans;

68 Birge Street, Brattleboro, Vermont 05301-6462

PH/TTY: 802 254 4604 FAX: 802 254 4656 info@windhamhousingtrust.org www.windhamhousingtrust.org

License No.6194

- ❖ Other service providers with whom we may coordinate efforts in order to make efficient use of resources, such as SEVCA (Weatherization), VHCB Lead Abatement, VT Center for Independent Living, Rural Development USDA or other nonprofit community resources.
- ❖ Other third parties when the information is provided to help complete a transaction initiated by you, such as reporting a payoff on a loan, or to otherwise administer our business, and Other third parties who are involved in program review, auditing, research, or oversight purposes.

We may disclose personal information about you to third parties as permitted by law, such as auditors in connection with a financial audit of us, to government entities, in response to subpoenas, and to credit bureaus.

In material intended for public distribution, such as newspaper articles, Windham & Windsor Housing Trust publications, press releases, or reports to funding sources, it is sometimes useful to illustrate our services by highlighting our work with a family or individual. In those cases we will specifically seek your permission to use any personal information.

Medical Information

We will not use or share personally identifiable medical information about you for any purpose other than that which is authorized by you.

Protecting the Confidentiality of Your Personal Information

All Windham & Windsor Housing Trust employees are required to use strict standards of care regarding the confidentiality of your personal information as outlined in Personnel Policies. Employees not adhering to our policies are subject to disciplinary action. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. Our safeguards comply with federal regulations to guard your personal information.

If You Want More Information

If you have any questions regarding our Privacy Policy, please contact the Director of the HomeOwnership Center at (802) 246-2109 or write to Windham & Windsor Housing Trust, 68 Birge Street, Brattleboro VT 05301.

By signing below, I (we) have read and understand the above Privacy Policies:

_____ Date _____ Date

In order to make the most of our limited funding while providing assistance to as many households as possible, we are offering low interest loans with repayment terms tailored to meet each household's affordability. Our goal is to help you get what you need to address your home's most critical repair needs. The Housing Rehab Specialist will assess your home's repair needs and prioritize health and safety issues. Our Rehab Specialist will provide the following services for your project:

- Conduct an initial assessment of your property and determine what rehab work is most critical to the long term habitability of your home
- Write up the Scope of Work, including detailed specifications
- Help you find qualified contractors
- Assist with getting and understanding bids
- Provide and explain the contract between you and your contractor
- Assist with permitting and compliance with any necessary local, state & federal regulations
- Provide for contingency funds in the contract
- Oversee the rehab work as it proceeds to ensure that work is progressing according to the specifications in the contract and in a timely manner
- Ensure that payments to your contractor are equal to the percentage of work completed
- Authorize and write up any change orders
- Conduct any final inspections to ensure that all punch list items have been completed, before releasing the final funds

We will review your household's finances, including income, other debts and household expenses to determine your affordable repayment terms. We will consider all household expenses including childcare and recurring medical co-payments. When grant funds are available, each household may be offered some combination of loan and grant funds. The availability of funds and each household's repayment ability and needs will determine the funding we are able to provide to meet your home repair needs.\

Borrower signature

Date

Co-Borrower signature

Date

Defining the Scope of Work on Your Property

Windham & Windsor Housing Trust's Revolving Loan Fund (RLF) is funded through Community Development Block Grants. This is federal funding through HUD. As such, the RLF Program must comply with HUD's Housing Quality Standards. The requirements of Housing Quality Standards therefore determine the scope of work on every project. Windham & Windsor Housing Trust's Housing Rehab Specialists have expertise in meeting HUD's Housing Quality Standards (HQS). The Housing Rehab Specialist will visit your property and write up a scope of work that meets HQS. You can accept or reject this scope of work, but rejecting may mean that we will not be able to assist you. To gain access to the RLF and benefit from this program, you will need to sign off on the scope of work, as determined by our Housing Rehab Specialist. Please read your scope of work carefully. Our Housing Rehab Specialists will answer any questions you have regarding the scope of work, so that you understand the rehab work you are signing off on for your property.

I/WE UNDERSTAND THAT WINDHAM & WINDSOR HOUSING TRUST'S HOUSING REHAB SPECIALIST WILL DETERMINE THE SCOPE OF WORK TO BE DONE ON MY/OUR PROPERTY

I/WE UNDERSTAND THAT IF I/WE DECIDE TO ACCEPT AND SIGN OFF ON THE SCOPE OF WORK AND PROCEED WITH THE RLF PROJECT, I/WE ARE AGREEING TO ACCEPT THE SCOPE OF WORK AS WRITTEN BY WINDHAM & WINDSOR'S HOUSING REHAB SPECIALIST

Borrower signature

Date

Co-Borrower signature

Date